



Initial Allergy Extract Order Form

It has been recommended to me by my physician at ENT and Allergy Specialists that I begin allergy immunotherapy treatment for my condition(s). I give permission to ENT and Allergy Specialists to order the initial vials of allergy extract to begin my series of allergy injections. I understand the vials of extract are prepared specifically for me and cannot be used or transferred to any other person. The charge for the allergy extract is separate and distinct from the administration of the injections of the extract. If I choose at a later date not to begin and/or continue the immunotherapy I am still financially responsible for the vials of extract that have already been prepared for me. I therefore authorize the office of ENT and Allergy Specialists to bill my insurance company(s) for this extract. I understand I am financially responsible for any deductibles, coinsurances and co-pays for the allergy extract.

I understand it takes approximately 10 days to 2 weeks to prepare the allergy extract vials. It is advised that I contact the office approximately 2 weeks from the date this form is signed and dated by me to inquire when I may begin my immunotherapy.

Patient Name: _____

Date of Birth: _____

Signature of Responsible Party: _____

Date: _____