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ALLERGY • SINUS • ASTHMA

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Board Certified

Allergy / Asthma / Immunology

Allergy Consent Form/Yearly Serum Preparation

Patient Name: _____

Date of 1st Injection: _____ (For New Patients)

Will your insurance be changing in the near future? Yes or NO

If Yes When? _____ If your insurance changes after you have

signed this form please give us your new insurance card **ASAP** otherwise you may be financially responsible for your serum cost.

Patient office visit needed Yes or No Appt. Date: _____

(All renewal patients needs a yearly follow up office visit)

Serum Last billed out: _____

Serum will be billed out after _____

Dr. Danziger has recommended Allergy Desensitization (immunotherapy) for my allergic condition. Dr. Danziger has reviewed the risks, benefits, side effects and potential alternative therapies to immunotherapy (allergy shots).

I have been given a brochure that gives information about allergy shots. This brochure discussed major potential side effects of allergy shots.

It is time for your allergy serum to be remixed for the year. By signing below you are giving consent for your insurance company to be billed for allergy serum preparation.

I am aware that my insurance carrier will be billed for the allergy serum(s) on days that I may not be in the office. I am aware that I will be charged a co-pay and/or deductible each year my serum is prepared. With this in mind I give the office permission to prepare allergy serum for my injections and to start or continue my allergy injections.

Patient's Email (Print): _____ Phone# _____

Patient Signature: _____ Date _____

For office use only

Benefits: Co-pay _____ Deductible _____ Met _____

Co-Ins _____ Auth Required: Yes or No Auth: _____