

Name: _____

Acct. # _____

EXTRACT VIAL ORDER FORM

Allergy ARTS
6842 Plum Creek Drive
Amarillo, TX 79124
Fax: 356-1101

New Mix Remix

For new patients beginning allergy immunotherapy, an initial supply of allergy extract will be prepared. When this supply has been used or has expired, the nurse will inform you so that additional allergy extract may be prepared. At a minimum, you will need to have an office visit with the doctor AT LEAST ONCE A YEAR so that new extract can be ordered and your medications can be refilled.

I have discussed my insurance and payment information with the business staff at *Allergy ARTS* regarding the charges for allergy extract and injections. I authorize *Allergy ARTS* to order and prepare my allergy extract and understand my account will be charged and insurance filed for these vials. I further understand that the final responsibility for the payment of these charges is mine. I also understand that unexpected reactions or interruptions in my injection schedule may result in the expiration of certain vials, requiring them to be remixed and those additional charges then added to my account. With this knowledge, I request the vials be ordered and prepared for me and I consent to any necessary treatment required in the event of an injection reaction. **I understand that I have 24 hours from the time I sign this consent to cancel my allergy extract order. All of the information below must be filled out or this may cause delays in your serum remix. If I need colored vials mixed, the silver vials must be given to the Immunotherapy Department.**

Patient Name: _____ DOB: _____

Phone # (required) _____

Color of allergy extract vials to be mixed: (Please Check)

Silver Red Green Gold Blue Purple (Required) Color _____ Dose _____ Freq. _____
or serum may not be mixed

Pick-up or Mail: Pick-up Mail to: _____

(Street Address, not PO Box) _____

Name of person picking up serum, if not patient.

Witness: (Staff Member)

Signature of Patient or Guardian

Date

If I am checking out my serum and am unable to pick it up, I understand that *Allergy ARTS* will ship my serum to me (shipments are made only on Tuesday), and I will be required to pay the delivery fee of \$25 prior to serum shipment.

FOR OFFICE USE ONLY

Serum Cost: _____

Primary Insurance: _____	ID _____	Deductible: _____
Referral Required: Y or N _____		Deductible Met: _____
Verified by: _____	Date: _____	Amount Owed: _____
Group # _____	Ins. # _____	