



Allergy Testing

A Division of PROHEALTH Care Associates, LLP

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CONSENT FORM FOR RENEWAL OF ALLERGY VACCINES

In order to continue on your immunotherapy (allergy vaccine) treatment, the next set of allergy serum vials needs to be prepared for you. This is billed to your insurance company. However, your insurance company may require a partial payment, which will be your responsibility.

I, the undersigned, being of legal age, certify that I have read and understand the above information. I hereby request and give my consent to have allergy serum prepared now, and as necessary, so the allergy shots can be given to me.

NAME OF PATIENT _____ DATE _____
SIGNATURE OF
PATIENT OR GUARDIAN _____

#ConsentRenewalSerumNoWit