

ALLERGY & ASTHMA CLINIC

Adult and Pediatric Allergy
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Ali Amirzadeh, M.D.

Diplomate American Board of Internal Medicine
Diplomate American Board of Allergy and Immunology

Office hours Monday thru Thursday 8:00 AM to 4:00 PM

Today's Date _____

Dear _____, DOB _____

It is time to renew your serum, and have your annual appointment with Dr. Amirzadeh.

Your current serum will expire on _____.

Please schedule your "Yearly Extract" appointment by calling our office at (509) 525-3720 ext 7604

Please keep in mind that your shot schedule will change due to the new vial of extract. When you come in for your annual appointment the new shot schedule will be provided to you. Please sign below and send back to our office in the enclosed self addressed stamped envelope. You may also fax it to our office (509) 522-1581.

Annual Cost for Immunotherapy

By signing this form, I am giving my consent to have my annual serum made for me, and I agree to accept full responsibility for the cost of the serum regardless of insurance coverage.

Prior to continuing immunotherapy treatment, it is important for you to check with your insurance to ensure your plan still provides coverage for the antigen serum and shot(s). Insurance plans can change annually. Not all plans cover the antigen serum and/or shots. If you wish, we can wait to order the antigen until you have checked with your insurance.

Serum extract will not be made until we receive this signed consent from you.

Print Patients name

Date of Birth

Patient's Signature

Date

Parent or Guardian signature

Relationship to patient