Allergen Immunotherapy
SERUM REFILL CONSENT & ORDER FORM

Patient Name _____ Chart Number: _____

Birth Date: _____/_____/_____

Todays Date: ____/____/____ Doses Remaining ☐ 2 doses remaining ☐ Expired

I elect to continue Allergen Immunotherapy (AIT)

☐ By signing this form, I authorize Midwest Allergy and Asthma to mix the serum that is specific to my unique allergen profile. Once mixed, the cost of the serum is my responsibility whether I decide to continue or discontinue allergy injections.

☐ If, for any reason, I decide not to continue the allergen immunotherapy program after the serum has been made I am responsible for the payment of the serum.

☐ I understand my serum may only be released to a medical facility via courier and will be discarded if a facility is not designated in the event this occurs.

☐ If I elect to transfer my care to another facility, I understand full payment of serum is required before it will be released to another facility via courier

Please allow up to 4 weeks tor preparation of the serum, our staff will contact you to schedule your appointment

Frequency ☐ Weekly ☐ 2 weeks ☐ 3 Weeks ☐ 4 Weeks

MWENT Clinic location (circle) Eagan Burnsville Maplewood

Other (name of clinic) _____ **Phone:** _____

Address (if other): _____

Patient Signature: _____ **Person Ordering:** _____

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1. Allergen Content:	2. Allergen Content	3. Allergen Content	4. Allergen Content
_____	_____	_____	_____
Last dose: _____mL _____mL	Last dose: _____mL	Last dose: _____mL	Last dose:
Requested Vial (circle) (circle)	**Requested Vial (circle)**	**Requested Vial (circle)**	**Requested Vial**
1:10,000 V/V (Silver) (Silver)	1:10,000 V/V (Silver)	1:10,000 V/V (Silver)	1:10,000 V/V
1:1,000 V/V (Green)	1:1,000 V/V (Green)	1:1,000 V/V (Green)	1:1,000 V/V (Green)
1:100 V/V (Blue)	1:100 V/V (Blue)	1:100 V/V (Blue)	1:100 V/V (Blue)
1:10 V/V (Yellow)	1:10 V/V (Yellow)	1:10 V/V (Yellow)	1:10 V/V (Yellow)
1:1 V/V (Red)	1:1 V/V (Red)	1:1 V/V (Red)	1:1 V/V (Red)

[redacted]

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When reordering, **please fax all three** of the following forms **to 952-681-7878.**

1. Allergy Injection Schedule 2. Most current Immunotherapy Pre-Injection Questionnaire 3. This form.

Forms may be downloaded from our website @ mw.allergy.com revised 8/2014