

VICTORIA ALLERGY AND ASTHMA CLINIC

AUTHORIZATION TO PREPARE ALLERGY SERUM

I authorize Victoria Allergy and Asthma Clinic to prepare allergen extract for allergy immunotherapy treatment. I understand that VAAC will file the associated charges with my insurance carrier I will be responsible for the remaining balance.

*****Please allow 10 working days for antigens to be processed*****

_____	_____
Patient Name (Please Print)	Date of Birth
_____	_____
Daytime Phone Number	Date of Order
_____	_____
Signature	Account #

The following information must be on file, before antigens will be prepared:

1. Authorization to Prepare Allergy Extract
2. Patient injection schedule
3. Copy of current insurance card
4. **Current EPI-Pen date of expiration:** _____
5. Current CPR card (for home immunotherapy only)

Delivery Preference

- Pick up Victoria Allergy and Asthma Clinic (Victoria location) for home immunotherapy
 Mail to the following address (Include Name of Clinic/Patient and a \$8.50 postage/handling fee)

Mail/fax completed forms to:

Victoria Allergy and Asthma Clinic
3901 N Navarro
Victoria, TX 77901

Fax #: 361-575-2215 Phone #: 361-573-0713

VAAC OFFICE USE ONLY:

Order Information

Date of Last Visit: _____

of Vials:

A _____

B _____

C _____

Other _____

"Other" Description _____

Receive injections at the following VAAC location:

Victoria

Beeville

El Campo

Rockport

VAAC Staff Approval _____