

Thomas P. Miller, M.D.

Erica Palmisano, M.D.

Erin J. Gibson, PA-C

## **CONSENT TO BEGIN VENOM IMMUNOTHERAPY**

	nave consented to begin aller	gy injections (AI) through
Print Patient Name Allergy Associates of Western Mich	nigan (AAWM).	
AAWM agrees to prepare the extra	act on my behalf.	
Extract is billed at the time it is pr	epared.	
AI administration and extract prep	aration are separate charges	
<ul><li>9514</li><li>9511</li></ul>	benefits. follows: fo	e injection more injections
	eductible for extract preparat	ions and/or administration even if
wasp), and \$504.00 for mand yellow jacket). Started anywhere from one (1) to skin testing. Therefore, a the extract order when initial to the extract order when the extract order w	ixed vespids (combination wher kits consist of six (6) vials parthree (3) injections per shot nywhere from six (6) to eight tiating venom injections.  The parter kit, the patient will requal to the six of the	le stinging insect (honey bee or nite-faced hornet, yellow hornet, per injection. A patient will receive visit depending on the results of teen (18) vials may be included in ire refill kits, which also include six
Any outstanding balance must be	paid before new extract can	be prepared.
Extract is prepared specifically for and not used, I am still responsibl		
Patient signature, or parent/guard	ian if patient is a minor	Date
First AI administration date		-

3185 Macatawa SW ● Suite B Grandville, MI 49418-1274 Phone (616 531-6900 Fax (616) 531-5847 1600 East Beltline NE ● Suite 303 Grand Rapids, MI 49525-7024 Phone (616) 726-6706 Fax (616) 447-2005