

Allergy and Asthma Center  
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**ALLERGY SERUM REMIXING FORM**

My allergist or her staff has notified me that it is time for my serum to be remixed. Indications for remixing of serum are the following:

- 1) Concentrate serum and the subsequent dilutions need to be remixed every 6-13 months.
- 2) My maintenance serum has expired or has run out of serum. Therefore, new maintenance serum needs to be mixed.

I understand to notify the staff and/or physician of the Allergy and Asthma Center if there have been any changes to my medications and/or my medication allergies.

I understand that my dose will need to be reduced according to AAAAAI guidelines for patient safety after the serum is mixed. This may mean that I am to return weekly or biweekly for 2-4 visits until I reach my monthly maintenance; this time frame can vary depending on the timing of my last shot.

I UNDERSTAND THAT I AM NOT TO TAKE ANY BETA-BLOCKERS WHILE ON ALLERGY SHOTS.

I understand to notify the staff and/or physician if I have any reactions to my allergy shots that can include itchiness, hives, rash, wheezing, increased runny nose and/or throat tightness.

It is my responsibility to bring an epinephrine auto injector that is not expired to every shot visit and to wait for 30 minutes after I receive the shot(s).

I understand that it can take up to 7-14 days from the date on this form for the remixing to occur. There may be an additional delay if mixing is to be done around the time of a national holiday.

I understand that my insurance company will be billed for the remixing procedure (CPT code 95165). The number of units billed varies upon the doses being mixed. If my insurance company does not cover the charges, I understand that I will be financially responsible for the remixing charges.

Patient Name (printed): \_\_\_\_\_

Date: \_\_\_\_\_ Patient DOB: \_\_\_\_\_

Patient Signature: \_\_\_\_\_