



Allergy & Environmental Health Center

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Consent for Mold exposed Patients

I _____ understand that my visit to the AEHC of WNY is for evaluation and treatment of my condition only.

I understand that there will be Extra Charges if there is any third party litigation for mold exposure.

I also understand that I will need more work up to establish cause and effect relationship over and above what is required for my regular treatment.

Patient _____ (please print)

Signature _____

Witness _____

Date _____

