

Allergy and Asthma Center
Anita N. Wasan, MD, FAAP, FAAAAI
6824 Elm Street, Suite 120
McLean, VA 22101
Tel: 703-992-7065
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Changing Allergist

Patient Name: _____

Date: _____

I understand that I am now changing my complete allergy care to _____
from Dr. Anita Wasan's office. Dr. Wasan (Anita N. Wasan, MD, FAAP, FAAAAI) will no longer be held
responsible for my allergy shots or my allergy care.

The new allergist will be responsible for administering my allergy shots, changing my shot dosages if
needed, and for treating any allergic reactions I may have from the allergy shots.

This new allergist will also be responsible for any prescription refills and allergy care for my diagnoses
of allergic conditions.

This new allergist will also be responsible for mixing my serum when new vials are needed or when
the current vials expire.

Patient Signature

Date

Physician