



## Immunotherapy - First Injection Visit

Patient Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ MR#: \_\_\_\_\_

Signature below indicates review and receipt of the following forms:

\_\_\_\_\_ AIT Frequently Asked Questions  
Patient/Guardian Signature

\_\_\_\_\_ Safety is Our #1 Concern  
Patient/Guardian Signature

\_\_\_\_\_ Injection Office Hours  
Patient/Guardian Signature

\_\_\_\_\_ IT Consent  
Patient/Guardian Signature

\_\_\_\_\_ Minor Consent (if needed)  
Patient/Guardian Signature

Reviewed by \_\_\_\_\_  
Staff /Provider Name and Title

For Office use only:

Enter the following in to Rosch:

\_\_\_\_\_ First IT Visit Alert

\_\_\_\_\_ Enter Start IT Date

Enter the following in to Nextgen:

\_\_\_\_\_ Billing/EP-Nurse IT Visit

\_\_\_\_\_ Update Order Status  
(Patient Received 1<sup>st</sup> Injection)