



**ALLERGY  
& ASTHMA  
ASSOCIATES, S.C.**

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[www.foxcitiesallergists.com](http://www.foxcitiesallergists.com)

Thank you for the opportunity you have given us to provide you with allergy and asthma diagnosis and care. In order to prepare for your visit, we are asking you to pre-register with us.

**Please remember to bring the following with you when coming for your appointment:**

- Insurance card
- Driver's license or photo ID
- Co-payment (Any insurance co-payment is due **at time of service.**)
- Completed yellow Patient Information form, Patient Health History form and a complete list of your medications, including dosage. Completed forms may also be faxed to our front office staff at 920-739-1444.

Obtaining this information allows our office to focus on the areas of greatest concern to you at your visit. It also allows us to better assist you with the coordination of your insurance coverage. The initial evaluation and testing average approximately \$700 - \$2,000. Small children, usually 5 and under, may have a limited amount of testing due to their size, making the cost less. Therefore, we suggest that you verify your insurance coverage before your appointment. As a reminder, your appointment has been scheduled for:

Please register 30 minutes prior to your appointment time. This appointment may take 1-2 hours. During this time questions will be asked regarding your medical history and your allergy observations. The physical exam and history given will determine the amount of testing needed.

**All patients under 18 years of age must be accompanied by a parent or guardian.**

Please refrain from wearing any cologne, perfume and/or body lotion, as these are irritants and can cause problems for patients with breathing difficulties. Due to patients with food allergies, no food is permitted in the waiting room or exam rooms. In the best interest of all patients, we ask you to please respect these policies.

The enclosed Patient Instruction/Consent Sheet for Allergy Skin Testing is provided for your information prior to testing. Please review this sheet in preparation for your appointment. If you have any questions, please do not hesitate to call us.

*Please refer to the map on the backside of this informational sheet.*