

Patient _____

Date of Birth _____

Synagis Parent Agreement

Your child will be receiving monthly Synagis injections through our office. Synagis is indicated for use in high-risk infants and young children to reduce the likelihood of the infant becoming ill with RSV, a serious respiratory infection.

Synagis is a very helpful, but costly medication. In order for you to have success in scheduling your infant's appointments as well as getting your insurer to reimburse for Synagis, we ask that you adhere to the following guidelines.

- * No Synagis injections can be given until we have pre-certification or authorization from your insurance carrier.
- * Notify us as soon as possible of any changes in your insurance carrier or plan. If you fail to notify us of a change, you will be responsible for your bill.
- * Notify us as soon as possible of any changes in your phone number or address, if you move out of the area, or if you transfer to another medical practice.
- * Synagis will be given at a scheduled appointment, on selected dates each month. These available dates and times have been selected to accommodate our office schedule, as well as the holidays and travel schedules. You will not be able to get Synagis at your well baby physical.
- * Synagis is a medication that is excessively foamy after mixing, requiring a 20 minute waiting period before the injection can be given. Your child will be weighed prior to each injection, and the Synagis dose will be calculated based on that day's weight. You should plan to be in our office from 30-60 minutes for each Synagis appointment. Once mixed, this medication must be used within a short time, and cannot be saved for future use.
- * If you must reschedule your appointment, please give us as much notice as possible so we can find another appointment in the appropriate time period.

I have read the above guidelines, have been provided with information regarding RSV and the use of Synagis, and have had the opportunity to ask questions and have them answered. I understand the benefits and risks of Synagis and ask that it be given to the child named above, for whom I am authorized to make this request. I agree to adhere to these guidelines while my child is receiving Synagis injections.

Signed

Date

Relationship to patient