

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

Birthdate:

**Do you have a history of asthma or chronic lung disease?**  $\Box$  No  $\Box$  Yes

If you answered "YES", please read the NIOX Test Disclosure and sign below:

## ASTHMA PATIENTS ONLY NIOX FUNCTION TEST DISCLOSURE

At Redding Allergy and Asthma Specialists, we implement the **NIOX MINO® Airway Inflammatory Monitoring System** to test lung function in our patients. It is a brand new tool designed to better diagnose and monitor your asthma. Along with the tests we currently use to look at how successful pharmaceutical therapy has been, the NIOX MINO will be an additional measure that tells us your level of lung inflammation. The device employs an easy and non-invasive method of a simple 10 second exhalation that is completely painless and even a little fun!

Some of the benefits of this new technology are:

- The possibilities of lowering your dose of medication when appropriate
- The ability to adjust medication based on your individual needs
- Insight into your treatments efficacy
- Better prediction of asthma relapse and exacerbation
- Early identification and close monitoring or airway inflammation

If the test is performed, you understand that the service listed is not considered an eligible reimbursable benefit from your insurance and your financial responsibility is **<u>\$30.00</u>**. Since you have chosen to obtain the service(s) listed above, you agree to be financially responsible for all related charges, and agree to not request reimbursement from your medical insurance company.

If you do not wish to be charged for this test, please notify the staff prior to performing the test.

Patient/Guardian Signature: \_\_\_\_\_

Date:\_\_\_\_\_