

After careful evaluation and consideration of alternative forms of therapy, we are suggesting that you start on a program of allergy injections.

- These injections contain a mixture of the allergens to which you are sensitive, starting at a very low concentration and increasing the strength as your tolerance increases.
- Your allergy vials are prepared specifically for you. Please feel free to call at any time you are having any problems. We value you, our patient, and will endeavor to give you our best professional care.
- These injections are to be given under the supervision of a physician or a mid-level provider.
- If your injections are given at another medical office, **your vials will be mailed to your home on a regular schedule.** Please keep vials refrigerated. If you are behind schedule, please call our office so that we can adjust our mailing. Please remember that vials cannot be returned to our office for credit.
- You will need to be observed for 20-30 minutes after each injection(s) to observe for any reaction(s).
- It is not unusual to have a small amount of redness or local swelling that may last for a few hours.
- A more significant reaction may consist of these and other symptoms:
 - Itchy eyes, nose, or throat
 - Nasal congestion or drainage
 - Lightheadedness
 - Faintness
 - Nausea and/or vomiting
 - Generalized itching or hives
 - Shock (lowered blood pressure)
- These reactions will be evaluated and treated by a physician or mid-level provider.
- Check-up visits are important to monitor your progress. We will send a postcard reminder for a check-up appointment if you did not schedule one at your last visit.

The opportunity has been provided for me to ask questions regarding immunotherapy and these questions have been answered to my satisfaction. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions.

I am aware that I have the right to withdraw from treatment at any time. I am aware that to withdraw from treatment I must notify your office in writing.

A complete set (10 vials), which lasts for about a year, will be made once you decide to start allergy injections. If you are continuing allergy injections from another provider, a smaller number of vials will be made at the start.

Your insurance company will be billed for that set, and you will be responsible for the amount determined by your insurance company. Please check with your insurance company for more information on what your costs will be

If you plan on getting your allergy injections at another location, please be aware that the postage required to mail the vials will be billed to your account based on current post office prices.

Name of provider/facility where injections will be administered

Patient name

Signature of patient or parent/guardian if patient is a minor

Date

Signature of physician or nurse

Date