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ADMINISTRATION OF ALLERGEN IMMUNOTHERAPY FOR PATIENT CONSENT FORM

Date: _____

Name of Patient: _____ DOB: _____

Dear Provider:

We understand that the above referenced patient will receive his/her allergen immunotherapy injections in your office/clinic because of location/schedule constraints. Allergen immunotherapy has been demonstrated in controlled studies to be effective in the treatment of allergic rhinitis, asthma and hymenoptera hypersensitivity, but the treatment is not without risk. We have explained the risk and benefits of immunotherapy to the above referenced patient prior to obtaining his/her consent to begin this treatment. Serious adverse reactions to immunotherapy are rare but do occur. There are some safety measures you should implement to ensure this treatment is administered under the safest circumstances. Please review this and the accompanying document before administering immunotherapy to the above referenced patient.

Allergen immunotherapy should be given in a setting where emergency resuscitative equipment and trained personnel are immediately available to treat systemic reactions under the supervision of a physician or licensed physician extender. The patient should always wait in the office for 30 (thirty) minutes after every injection **without fail**. If a more serious reaction should occur, it is likely to be within the first 30 minutes after the allergy injection. These serious reactions can occur in individual new to allergy immunotherapy and those who have been on allergy immunotherapy for many years. As there is no good way to predict when/if a reaction is going to occur, the waiting time should be strictly enforced.

The training personnel should be familiar with the following procedures:

- Adjustment of dose of allergen immunotherapy extract to minimize reactions.
- Recognition of treatment of local and systemic reactions to immunotherapy injections.
- Basic cardiopulmonary resuscitation.
- Ongoing patient education in recognition and treatment of local and systemic reactions that occur outside the physician's office.

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Adequate equipment and medication should be immediately available to treat anaphylaxis, should it occur. The following are suggested equipment and medications for the management of immunotherapy systemic reactions.

- Stethoscope and sphygmomanometer
- Tourniquet, syringes, hypodermic needles, and intravenous catheters (e.g., 14-18 gauge)
- Aqueous epinephrine HCL 1:1000 wt./vol.
- Equipment to administer oxygen by mask
- Intravenous fluid set-up
- Antihistamine for oral use and/or injection
- Corticosteroids for oral use and/or injection
- Glucagon kit available for patient on β -blockers.

Please execute and date a duplicate copy of this letter and return it to our office to confirm that your office will be administering the above referenced patient's immunotherapy under your supervision. We appreciate your assistance and cooperation in this matter and look forward to receiving the requested confirmation from you in the near future.

Sincerely,

The Providers of Arizona Allergy Associates

Duane W. Wong, MD	Darrell W. Wong, MD
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I have reviewed the allergen immunotherapy information and instructions set forth herein and enclosed herewith and I hereby give permission for (name of patient) _____ to receive his/her immunotherapy injections in my office under my supervision. I further agree to administer same in accordance with the information and instructions set forth herein or endorsed herewith.

Printed Name of Responsible Provider

Signature of Responsible Provider

Address: _____ City, State & Zip Code: _____

Date: _____ (**Please Fax signed consent to** _____)