SAN TAN Allergy & Asthma

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CONSENT TO ADMINISTER INJECTIONS

Date:_____

Patient Name_____DOB_____

To Whom It May Concern:

The patient named above is under my care for the treatment of allergies. Due to the patient's sensitivity to specific allergens, it has been indicated for the patient to receive allergy injections in order to build up a tolerance to such allergens.

Our office has been notified that it would be more convenient for the patient to receive these injections at your office. Therefore, I give my permission to administer these injections with the extract/serum provided by our office. The injections must be given under your direct supervision. After the injection, the patient is required to wait a minimum of 30 minutes in your office to monitor for any type of reaction. This may be longer to follow your protocols.

The patient has been notified that the extract/serum is not to be administered by anyone other than qualified personnel within your facility, due to the fact that there have been deaths reported by the AAAAI in association with allergen immunotherapy.

Please provide the information requested on the bottom of this letter and then fax it back to our office. We will only release the extract/serum once we have received this consent. We will then release the extract/serum, injection protocol or schedule, injection record, and/or any other information we feel is pertinent for you to know in order to safely administer the injections. In some cases we will release the extract/serum directly to the patient and other cases we may ship it overnight to your office.

Please call for any questions at all. Thank you for assisting our mutual patient and for your services.

Sincerely,

San Tan Allergy & Asthma

Physician Office Consent:

Physician Name_____ Practice Name:_____
Address_____
City_____State_____Zip_____
Office Contact_____

_____ _____
Physician Signature Date

Patient Agreement:
I understand that my extract/serum is to be administered under the direct supervision of the above named provider, whether the extract is released to me or mailed directly to the provider**. I will not self-administer any injections or receive injections outside of any medical facility without the presence of trained medical personnel.** I will notify San Tan Allergy & Asthma of any changes. I also give consent for San Tan Allergy & Asthma to send any medical records relating to my immunotherapy to the above named office.

_____ _____
Patient/Guardian Signature Date