AUTHORIZATION FOR ADMINISTRATION OF ALLERGEN IMMUNOTHERAPY
OUTSIDE OF KENWOOD ALLERGY & ASTHMA CENTER

Patient Name_____ DOB_____ CHART #_____ DATE_____

_____ has elected to receive his/her allergy injections
(Patient Name)
from a serum prepared at Kenwood Allergy and Asthma Center at _____.
(Name of Practice/Facility)

By signing this form, I agree to provide knowledgeable and adequate supervision of the administration of the allergy injection according to the protocol provided by Dr. Georgeson at Kenwood Allergy and Asthma Center. I will appropriately treat any possible local or anaphylactic reactions resulting from the allergy injections.

_____ _____
Printed Physician Name Office Street Address

_____ _____
Physician **Signature** City/State/Zip Code

_____ _____
Date Office Phone #/ Fax #

- ✓ Refrigerate the vial(s) and AVOID exposure to freezing, heat, and direct sunlight.
- ✓ Use of a sterile 1cc Tuberculin Syringe with 3/8"- ½" 25G Needle
- ✓ Injection should be administered in the upper, outer arm midway between the shoulder and elbow at the back/fatty part of the arm. Aspirate before injecting. If blood is present, remove the syringe and inject in another location of the upper/ outer arm.
- ✓ All patients must be observed 30 minutes following the injection(s).
- ✓ **REACTIONS**: All patients must be questioned regarding reactions from the previous injection(s) before proceeding with the current injection(s). **With all reactions, our office must be notified.**
- ✓ Follow-up: Pt. is to return for new serum when the schedule below is completed, or when the patient runs out of serum.
- ✓ One week notification is required after the last injection, to arrange for an appointment with new serum.
- ✓ The shot record must be returned to our office at least one week before the next follow up appointment at Kenwood Allergy and Asthma Center. The next new serum will only be made and released once the completed shot record is received by this office.
- ✓ There is a $10.00 shipping and handling charge each time vials are sent out by mail to another office for administration. The patient is responsible for this charge and it must be paid before the serum is mailed.

_____ _____
Patient Signature Date

Approved / Denied _____ _____
Provider Signature Date