

CHESTER COUNTY OTOLARYNGOLOGY AND ALLERGY ASSOCIATES

A DIVISION OF PINNACLE EAR, NOSE AND THROAT ASSOCIATES

Adult and Pediatric Ear, Nose and Throat and allergy Evaluation and Treatment

Andrew V. Chuma, MD

Michael A. Hoffmann, MD

Michael J. Ward, MD

Timothy J. Downey, MD

Head and Neck Cancer Surgery

Thyroid & Parathyroid Surgery

Sinus Surgery

Allergy Evaluation and treatment

Audiology and Hearing Aids

SUBCUTANEOUS IMMUNOTHERAPY CONSENT FORM

I authorize the physicians and associated assistants of CCOAA to treat my identified allergies with subcutaneous injection immunotherapy. The purpose of subcutaneous immunotherapy is to relieve allergy symptoms by desensitizing the body's immune system. I am aware that although symptom relief can occur relatively early, the long term allergy control can take up to 3-5 years of treatment. It is possible for the treatments to be ineffective. It is also possible for symptoms to improve but for long term allergy relief not to occur.

I understand that my insurance company will be billed for the preparation of the allergy treatment vials and I am financially responsible for any balance due after the claim has processed.

Due to the possibility of a serious reaction, I am aware that I must wait the required 20-30 minutes in the office when I receive my allergy injection/injections. I agree to carry an Epi- Pen with me whenever I am scheduled to receive injections. I am aware to notify the allergy nurse of serious side effects such as skin rash, allergic reaction symptoms including trouble breathing and airway closure while waiting in the office.

I agree to come for my regularly scheduled injection appointments, except in cases of illness. When starting immunotherapy, appointments will be once a week. I am aware that I need to call the office to cancel scheduled appointments that I am unable to keep. Failing to maintain appointments may decrease the effectiveness of this treatment.

I will inform the allergy nurse about any changes in my health and medications. Some medications, such as beta blockers, can interfere with the treatment and /or increase risk of side effects.

Signature _____

Name (printed) _____

Date _____

Dr.'s Signature _____