

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

SUB-LINGUAL IMMUNOTHERAPY CONSENT FORM

The purpose of sublingual immunotherapy ‘SLIT ‘is to relieve allergy symptoms by desensitizing the body’s immune system ‘ ‘ overreaction ‘ ‘ to an allergen (pollen, D.Mites, pet dander, etc.). Although symptom relief can occur relatively early, the changes in the immune system resulting in long term allergy control can take **3-5 years of treatment.**

Alternative to SLIT include over-the-counter and prescription medications, and injection immunotherapy (allergy shot).

Although SLIT has been used extensively in Europe and no serious side effects have been observed, in theory the possible side effects of SLIT are similar to those of allergy shots; skin rash, allergic reaction symptoms including trouble breathing, airway closure, anaphylactic shock, and death. I agree to keep an Epi-pen with me wherever I use the SLIT as an extra safety precaution and I acknowledge that I have instructed in the use of the Epi-pen and to call 911 in case of an emergency such as trouble breathing.

I understand that immunotherapy is currently FDA approved only for use by injection. Nevertheless, I wish to have SLIT- using products that are FDA-approved for injection-performed and I am willing to accept the potential risks that my physician has discussed with me. I realize that any form of immunotherapy may aggravate a pre-existing asthma condition even if I have never had symptoms before. I know that there may be other, unknown risks.

*The cost of SLIT is \$100.00 month

Signature _____

Name (printed) _____

Date _____

Dr.’s Signature _____