Chart # _____

ALLERGY, ASTHMA & SINUS CENTER, P.A.
Gurdev (Dave) S. Judge, MD

401 Keisler Dr, Ste 201
Cary, NC 27518
P: 859-5966 F: 859-4993

10931 Raven Ridge Rd, Ste 111
N. Raleigh, NC 27614
P: 870-6440 F: 859-4993

1906 S. Main Street, Ste 216
Wake Forest NC 27587
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Immunotherapy Patient Consent Form

Allergy injections should be administered at a medical facility under medical supervision. Occasionally, a reaction to an allergy injection occurs, which may require immediate attention. These reactions may consist of some of the following symptoms:

Mild reactions:

- Local swelling, redness and itching at the site of the injection.
- Slight increased itching of the eyes, nose or throat and nasal congestion on the day of the injection.

Severe anaphylactic reactions:

- Generalized itching, redness on the body or hives
- Increased coughing and/or wheezing
- Cough, shortness of breath, tightness in the throat or chest, difficulty in breathing or Shock (under extreme conditions)

Reactions, although unusual, can be serious but rarely fatal. **For your safety, you are required to wait** in the medical facility, in which you receive your injections, **for at least 20 minutes after each injection.** If you fail to do so, the Allergy, Asthma & Sinus Center will not be held accountable.

Frequency (Build-up): Rapid Desensitization, 2-7 days apart

1st visit (Green vial): inj. every 30 min. 3 x in 1 ½ hours
2nd visit (Blue vial): inj. every 30 min. 3 x in 1 ½ hours
3rd visit (Yellow vial): inj. every 30 min. 3 x in 1 ½ hours
4th visit (Red vial): inj. every 30 min. 3 x in 1 ½ hours
Maintenance: once a wk 6-12 months then every 2 wks: 3-5 yrs **(**some patients need every 3 to 4 wks even longer)

Conventional Method
Twice a week for 3 months to reach to the maintenance

Allergy Injection hours:

Cary Office
Mon: 8:00 - 12:30 & 2:00 - 4:30 pm
Tue & Thru: 8:00 - 12:30 & 2:00 - **6:15 pm**
Wednesday: CLOSED
Friday: 8:00 – 3.00 pm (through out lunch hours)

North Raleigh Office
Mon: 8:00 - 12:00 pm
Wed: 1:00 - 5:00 pm
Fri: 1:00 - 5:00 pm

Wake Forest Office
Wed: 7:30 - 11:30 am
Fri: 7:30 - 11:30 am

Regular office visits:
1st year = every 3 months
2nd year = every 4 months
3rd year onward = every 6 months

Starting new vial (s)
Need to modify serum
Large local or systemic
Re-evaluate allergy symptoms

I have read the information sheet on Immunotherapy and understand it completely. The opportunity has been provided for me to ask questions regarding the potential side effects of Immunotherapy and these questions have been answered to my satisfaction. I also understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions. Furthermore, I release Allergy, Asthma & Sinus Center and it's employees from all legal responsibility or liability that may arise from this authorization.

Your allergy serum (CPT 95165) is specifically made for you and the charges are applied the day it is prepared in advance before your office visit. Depending on your insurance a copay or deductibles for allergy shots or serum may apply.
I also understand that once serum is mixed, I will be responsible for payments if any balance left due to non-coverage or benefits max out for the year or denied due to any reason by my insurance. Initials: _____

☐ **Conventional Method Desensitization** Initials: _____

☐ **Rapid or Cluster Desensitization** Initials: _____

_____ _____ _____
Patient Signature Guardian Signature (when Minor) Date