

# Allergy, Asthma & Sinus Center, P.A.

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Board Certified in Allergy and Immunology - Pediatrics and Adult

## Cary

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## North Raleigh

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Raleigh NC 27614  
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## Wake Forest

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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
- ◆ Tightness in the throat or chest
- ◆ Difficulty in breathing
- ◆ Increased coughing and/or wheezing
- ◆ Shock (under extreme conditions)
- ◆ B-blocking drugs can interfere with treatment of a systemic reaction (due to serum) with epinephrine, as these medications can block some of the drug's adrenergic effect so please notify us.

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.

In order to receive your first injection you are required to have an appointment, otherwise you do not need an appointment

**Allergy Injection Schedule:** (walk-in after 1<sup>st</sup> injection, i.e. you don't need appointment till regular follow-up every 3 months)

**Injections Frequency:**    **Twice a week:** 3 months (Build-up)  
  **Once a week:** 6-12 months (Maintenance)  
  **Every 2 weeks:** 3-5 years (Maintenance) **Note:** some patients may need every 3 to 4 wks even longer

### Injection hours:

#### Cary:

**Mon:** 8:00 - 12:30 & 2:00 - 4:30 pm

**Tue & Thur:** 8:30 - 12:30 & 2:00 - 6:15 pm

**Wednesday:** No injections given

**Friday: 8:00 - 3:00 pm** (through out lunch hours)

#### North Raleigh:

**Mon:** 8:00 - 12:30 & 1:00 - 4:45 pm

**Wed:** 1:00 - 4:45 pm

**Fri:** 1:00 - 4:45 pm

#### Wake Forest:

**Wed:** 7:30 - 11:30 am

**Fri:** 7:30 - 11:30 am

**Discontinue injections:** Due to moving, financial, insurance, work schedule or health reasons, please **call us** to discuss the situation.

**Regular appointments are required: to evaluate effectiveness, allergy symptoms, local and systemic reactions**

1<sup>st</sup> year = Every 3 months

2<sup>nd</sup> year = Every 4 months

After 2<sup>nd</sup> year = Every 6 months

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.

\_\_\_\_\_  
Patient (or guardian) Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date