

**Allergy and Asthma Center**  
**Anita N. Wasan, MD, FAAP, FAAAAI**  
**Amy Feldman, PA-C**  
**6824 Elm Street, Suite 120**  
**McLean, VA 22101**  
**Tel: 703-992-7065**  
**Fax: 703-992-7063**

**PATIENT CONSENT FORM TO RECEIVE ALLERGY INJECTIONS AT AN OUTSIDE**  
**MEDICAL FACILITY**

I consent to receiving my allergy immunotherapy injections at a physician-supervised medical facility outside of Dr. Wasan's office.

I understand that I am to wait for at least 30 minutes after each allergy injection. I understand that the outside medical facility where I receive my allergy injections is responsible for managing any adverse reaction that I may have to my allergy injection, including hives, difficulty breathing, and anaphylaxis.

I understand that if I am having a fever, rash, wheezing or other respiratory symptoms, I am to notify my supervising physician and will not receive my allergy injection at that time. I understand that I am to bring the allergy serum to the outside medical facility each time I am scheduled to receive an injection.

At other times, the allergy serum is to be refrigerated. Dr. Wasan is responsible for giving the dosage schedule orders to the outside medical facility. I understand that I will be charged \$50 payable at the time of the vial pick up per year to take the vials outside with the necessary paperwork.

I was prescribed an Epi-Pen twin pack at my initial office visit at Dr. Wasan's office. I have filled the prescription and understand the indications and instructions on the use of the Epi-Pen.

I understand that I am to receive my first allergy injection from each new vial at Dr. Wasan's office. I have read the above consent form and all of my questions have been answered appropriately.

---

**Name of Patient and/or Guardian Date**

---

**Signature of Patient/or Guardian**

---

**Print Name of Outside Facility**

---

**Dr. Anita Wasan**

**Supervising Physician Authorization Form**

I, and/or my physician associates agrees to supervise the administration of the correct dosage of allergen immunotherapy for the patient, \_\_\_\_\_, based on Dr. Anita Wasan's dosage schedule.

My facility has the necessary medical supplies and medications needed to manage any adverse effects that may occur as a consequence of the allergy immunotherapy, including epinephrine, diphenhydramine, solumedrol, oxygen, nebulized bronchodilators, and intravenous fluids.

The patient understands to wait for at least 30 minutes after each allergy injection in a physician supervised setting.

My questions and concerns about the allergy immunotherapy and the dosage schedule have been answered. If any further questions arise in the future, my physician associates and/or myself are to call Dr. Wasan prior to administering the injections.

---

**Printed Name of Physician**

---

**Signature of Physician**

---

**Name of Facility**

---

**Dr. Anita Wasan**

---

**Date**