

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 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 Anita Wasan s 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