

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. W

Printed Name of Physician

Signature of Physician

Name of Facility

Dr. Anita Wasan

Date