

Next Century Medical Care

VENOM ALLERGY SHOT CONSENT FORM

Immunotherapy, hyposensitization, or venom allergy shots must be administered at the Next Century Medical Care office with a healthcare provider present since anaphylaxis can occur at any time. These reactions may consist of any or all the following symptoms: itchy eyes, nose, or throat; nasal congestion; runny nose; tightness in the throat or chest; coughing; increased wheezing; lightheadedness; faintness; nausea and vomiting; hives; generalized itching; and shock, the last under extreme conditions. Reactions, even though unusual, can be serious and rarely, fatal. Your venom allergy shots are from stock bottles and cannot be "Taken-out" to another medical office to be administered. You are required to wait for **20 to 30-minutes** after each injection. If the patient is 17 years of age or younger, a parent or legal guardian must be present during the waiting period. I verify that I/patient am not taking beta blocker medications or that if I am, I have discussed the risks/benefits of doing so with my healthcare provider.

I have read "Venom Allergy Immunotherapy Injection Information", have had my questions answered and understand the potential risks and benefits of venom allergy shots. I understand that every precaution consistent with the best medical practice will be carried out to protect me against such reactions. I also agree that if I have an allergic reaction to the injections that the healthcare provider-in-charge has permission to treat said reaction, which may include transport to the local emergency room for advanced care and monitoring. Leaving before the **20 to 30-minute** waiting time is not advised and understand that it is my responsibility to adhere to this recommendation.

I acknowledge the fact with my signature that I am authorizing the office to bill for venom allergen vaccines. I agree to obtain prior authorization, if needed, from my insurance plan.

PATIENT _____ DATE _____

PARENT or LEGAL GUARDIAN _____ DATE _____

As parent or legal guardian, I understand that I must accompany my child throughout the entire 20 to 30-minute wait.

WITNESS _____ DATE _____