



2025 Chaneyville Road, Suite 200, Owings, MD 20736 | Phone: 410-286-3865 | Fax: 410-286-8085 | www.DunkirkFamilyPractice.com

Allergy Immunotherapy Patient Contract

I hereby authorize Dunkirk Family Practice, PA to administer allergy injects ordered by my allergist, _____ . I have been informed of the potential risks, which may consist of any or all of the following symptoms: local swelling; itchy eyes, nose, or throat; nasal congestion; runny nose; throat or chest tightness; coughing; unusual wheezing; lightheadedness; faintness; nausea and vomiting; hives and shock (under extreme conditions). **According to Allergy and Asthma Foundation of America's guidelines, I understand and agree to remain in Dunkirk Family Practice, PA's waiting room for at least 30 minutes after each injection unless the allergist has determined otherwise. In addition, to remain compliant with these guidelines, I agree to always bring an EpiPen® with me to each injection even though Dunkirk Family Practice, PA supplies one in office.**

I was informed of:

- The nature of the proposed care, treatment, services, medications, interventions, or procedures;
- Potential benefits, risks, side effects including potential problems related to recuperation;
- The likelihood of achieving care, treatment, and services goals;
- Reasonable alternatives to the proposed care, treatment, and services; and
- The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services.

I understand that it is my responsibility to notify the medical assistant BEFORE I receive any injection if:

- There is any change in my medication, including taking a beta-blocker.
- I had any reaction/problem from the previous injection.
- I am currently ill: including fever, infectious disease, wheezing, and/or any other allergy symptoms include poison oak/ivy.
- I'm pregnant.

I certify that I have read and fully understand the above consent, that all my questions were answered and that all blanks were filled in prior to my signing.

Patient's Printed Name & Date of Birth

Patient/Guardian's Signature

Today's Date

Signature of DFP Staff