TEXAS REGIONAL ASTHMA AND ALLERGY CENTER, L.L.P.

Board Certified specialists in allergy, asthma, immunology, and respiratory disorders
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Allergy Extract Release Form

Patient Name: (printed) _____ Date of Birth: _____

Telephone: _____ Doctor: _____

I have read the preceding page concerning allergy injections outside the prescribing allergist's office and fully understand my responsibilities. All my questions have been answered to my satisfaction. I hereby give the supervising physician that I name below permission to receive my (or my child's) medical records and allergy serum and to administer allergy injections according to the protocol of the prescribing physician.

_____ _____
Signature (patient, parent, legal guardian) Date

Dear Supervising Physician;

The patient named above is requesting that you become the supervising physician for the administration of allergen immunotherapy. Allergen immunotherapy has demonstrated in controlled studies to be effective in the treatment of allergic rhinitis, allergic asthma and hymenoptera hypersensitivity. However, as is true with any form of treatment, there are potential risks. We have explained the risks and benefits of immunotherapy to the patient prior to obtaining his/her consent to begin this treatment. Serious adverse reactions to immunotherapy are rare but do occur. The following is an excerpt of a Position Statement on the administration of immunotherapy outside of the prescribing allergist's office. *"It has been recommended that allergen immunotherapy should be given in settings where emergency resuscitative equipment and trained personnel are immediately available to treat systemic reactions under the supervision of a physician or licensed physician extender, i.e. physician assistant or nurse practitioner. The trained personnel should be familiar with the following procedures: 1/) Adjusting the dose of allergen immunotherapy extracts, 2) Recognition and treatment of local and systemic reactions to injections, 3) Basic cardiopulmonary resuscitation, and 4) Ongoing patient education in recognition and treatment of local and systemic reactions that occur outside the physician's office."*
The patient should remain in the administration area and be observed for at least 30 minutes following EACH injection. The following are some of the common risk factors for adverse reactions to allergy immunotherapy.

1) error in dosage
2) presence of symptomatic asthma
3) high degree of hypersensitivity
4) use of beta blockers
5) injections from new vials
6) injections given during periods of allergy symptom exacerbation.

If you are willing to supervise these injections, please sign and date a duplicate copy of this letter and return it to our office. If time is critical, this letter will be forwarded to you by fax, and a faxed return will be acceptable. Upon receipt of your signed reply, we will forward the patient's allergy extracts and the Administration Form. We appreciate your assistance and cooperation in this matter and look forward to receiving the request confirmation from you in the near future.

Sincerely,

Rene A. Leon,M.D., Ali Shakouri,M.D., Ernesto Ruiz-Huidobro,M.D., Alayna Powers, RN, FNP-C, Olivia Elder, RN, FNP-C

Name of Clinic or University:_____

Name of Supervising Physician: _____

Address: _____ **City:** _____ **State:** _____ **Zip**_____

Phone: _____**Fax:** _____

I have reviewed the allergen immunotherapy information and instructions set forth herein and enclosed herewith and I hereby give permission to the patient named above to receive his/her allergy immunotherapy injections in my office under my supervision. I further agree to administer allergy immunotherapy in accordance with the information and instructions set forth herein and enclosed herewith.

_____ _____
Supervising Provider's Signature **Date** **2/2022**