



KELLY S. BRAUER, MD, FAAAAI

ALLERGY INJECTION POLICY

Instructions for Immunotherapy (Allergy Injections)

- Injections are to be received in a medical facility with a physician present.
- There is a 30 minute wait in the office after each injection.
- Inform office personnel prior to receiving your injection of any symptoms occurring after leaving the office that may be related to the previous shot.
- Do not get a shot if you are ill, have a fever, or are wheezing.
- Avoid strenuous exercise for 2 hours after your injection.
- Do not have dental or medical procedures on the same day as injections.
- Inform us of changes in your medication (s), by any physician, prior to receiving a shot. Injections will not be given if you are taking a Beta-Blocker medication.
- Inform our office if you are pregnant, as your dose may need adjustment.
- For injections at another office: Please notify us at least 2 weeks in advance if new vials of allergy extract are needed. Do not continue using extract after the expiration date on the label. There will be a fee for shipping and handling when sending vials to other offices.
- Shot reactions will have an office visit with the physician and may incur a copay.
- Keep your follow-up allergy appointments as scheduled to monitor and update your allergy treatment program. At a minimum, you must be seen every 12 months or there may be a refusal to refill your allergy extract.
- Epi-Pen or Auvi-Q should be on hand at every injection.
 - Proper technique for use of Epi-Pen was demonstrated.
 - Proper technique for use of Auvi-Q was demonstrated.

Consent for Immunotherapy

I do hereby consent for _____ to be given immunotherapy over an extended period of time at specific intervals as prescribed by Dr. Kelly Brauer. I have read the above instructions and agree to follow them. I also understand the risks that may be involved in receiving allergy injections, including, although rare, anaphylactic shock and death. I have been given the opportunity to ask all questions that I have and am satisfied they have been fully answered.

Printed Name of Patient

Printed Name of Legal Guardian

Patient Signature (or Legal Guardian)

Date Signed