

Shoreline Allergy, P.C.
6215 Harvey
Muskegon, MI 49444
231-799-8777

IMMUNOTHERAPY PROGRAM (ALLERGY SHOTS)

As a result of your evaluation, allergy injections or immunotherapy is being recommended. Personalized allergy extract will be prepared for you based on your individual test and clinical history. Desensitization is a gradual process, generally taking 5 years. Allergy injections begin with small doses of diluted extract, being gradually increased with weekly injections until maintenance is reached, taking approximately 7-8 months (if no weeks are missed). Once maintenance dose is reached, you will receive injections every 2-4 weeks for 5 years.

Each injection is to be administered in a physician's office or medi-center (only when a physician is in house). Self-administration is not an option. Every patient must remain in the office for 30 minutes to be monitored for any potential reactions. All patients will receive a prescription for an epi-pen, which must be carried with the patient on injection days in the rare case you should experience a reaction after leaving our office. All persons under the age of 18 **MUST** have an adult present at every injection. Occasionally, you may experience redness and/or swelling at the injection site. This should be pointed out to the nurse giving the injections. Further concern is only necessary if you are having any difficulty breathing, hives or trouble swallowing.

In the rare instance of a more intense reaction, including coughing, hives, throat tightness, wheezing or difficulty breathing, **TAKE YOUR ANTIHISTAMINE IMMEDIATELY AND GO DIRECTLY TO THE NEAREST EMERGENCY FACILITY.** These reactions require that your serum be decreased or injections stopped. In addition to the injections, medications will be required to control your symptoms. Maintenance is required for at least one year before you may notice that your medications may be reduced.

I HAVE READ AND UNDERSTAND THE ABOVE EXPLANATION OF IMMUNOTHERAPY. I CONSENT TO THE IMMUNOTHERAPY, HAVING BEEN INFORMED REGARDING ALL POSSIBLE RISKS AND BENEFITS. I TAKE FULL RESPONSIBILITY FOR MY HEALTH SHOULD I NOT REMAIN AT SHORELINE ALLERGY FOR THE REQUIRED 30 MINUTES.

Print name of patient: _____

Signature (parent if under 18): _____ Date _____

Epi-pen given: _____

Shots to be given at:

Physician's office: _____

Address: _____

Phone: _____

I, _____, am the legal guardian of

_____. I understand that my child is under 18 years of age and cannot get an allergy injection without an adult present. The following people are age 18 or older and authorized to bring my child in for an injection. They may give consent for treatment if necessary.

Signature: _____ Date _____

Beta Blockers

I, _____, have read the list of beta blockers. I am presently not on any beta blockers and have been advised to immediately stop receiving allergy injections and notify Shoreline Allergy should I be prescribed any new medications. I understand that beta blockers may block the effect of epinephrine, which is used in the treatment of anaphylactic reactions.

Signature: _____ Date: _____

Acebutolol

Propranolol

Atenolol

Sectral

Bextaxolol

Tenoretic

Blocarden

Timolide

Brevblock

Timolide

Cartrol

Visken

Corgard

Betagan eye drops

Esmolol

Betaxolol eye drops

Inderal

Betoptic eye drops

Inderine

Levobunolol eye drops

Kerlone

Timolol eye drops

Labetalol

Timoptic eye drops

Levatol

Lopressor

Metoprolol

Naldolol