TIDEWATER
ALLERGY & ASTHMA

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Extract-In New Patient Letter

For New Patient Transfers that will Receive Allergen Immunotherapy at TAA

Dear Patient,

Hello and welcome to Tidewater Allergy! We understand you would like to bring allergen immunotherapy (AIT) serum that was formulated in another facility and begin receiving your allergy shots in our office. We are grateful you have chosen us to partner with you in your care and look forward to seeing you in our office soon. Here are a few quick tips about the process:

1. Patients need to have a new patient appointment with Dr. Owens before they can receive injections in our office.
2. Please tell the other office you are transferring care to Tidewater Allergy and Asthma and you would like your records sent to us via fax at 757-497-2419
    - Records should include your skin testing results, allergen immunotherapy serum prescription, and injection logs.
    - The other office may require you to sign a records request form allowing them to share. Please follow their protocol.
3. Please tell the other office you would like to pick up your remaining serum and will receive future injections at our office.
    - They may have forms for you to sign when you pick up the serum that states you accept responsibility for transporting it to us.
    - NOTE: When you request your remaining serum from the other office, you do not need to authorize them to make more serum. This can delay them from releasing your serum to you. Simply request to pick up the serum that is already formulated for you.
    - Since Tidewater Allergy and Asthma will manage your care moving forward, we will handle any serum changes or refills when they are needed
4. During your new patient appointment with Dr. Owens, you can expect to
    - Review your history, allergen immunotherapy serum prescription, and allergen immunotherapy injection plan
    - Schedule your first injection
    - Answer any questions
    - Sign the “Extract-In AIT Consent Form” (attached) if you have not already.
5. Bring your serum to our office at your first injection appointment and resume your shots!

Thank you again for trusting us with your care. Please call us at 757-499-4101 or message us on our patient portal at any time.

Sincerely,
Tidewater Allergy and Asthma

TIDEWATER
ALLERGY & ASTHMA

Extract-In AIT Consent Form

Consent to Receive Injections using AIT Extract/Serum from Another Facility

We understand that you would like to receive allergy injections at Tidewater Allergy and Asthma, using AIT Serum formulated at another facility. For your continued safety and well-being, we want to make sure that you are fully aware of several important issues about allergy shots.

Allergy injections, when mixed in the physician's office under the appropriate standards and appropriately administered, effectively alleviate symptoms caused by allergic diseases, such as hay fever, eye symptoms, allergic asthma, and insect allergy. However, as is true with any form of treatment, there are potential side effects. By injecting allergic patients with the very things to which they are allergic, it is possible to cause an allergic reaction.

Reactions to Allergy Shots

It is possible to have an allergic reaction to the allergy injection itself. Reactions can be local (swelling at the injection site) or systemic (affecting the rest of the body). Systemic reactions include hay fever type symptoms, hives, flushing, lightheadedness, and/or asthma, and rarely, life threatening reactions. The risk of systemic reaction is about 1%. Some conditions can make allergic reactions to the injections more likely such as increased natural exposure to pollen and vigorous exercise 2-3 hours before and after the injection. Allergy shot patients should take antihistamine 1-2 hours before injections. Serious systemic reactions can occur in patients with asthma that has worsened and is not well controlled on recommended medications. Therefore, if you have noted worsening of your asthma symptoms, notify your nurse or physician before receiving your scheduled injections. Reactions to injections can occur, however, even in the absence of these conditions, so injection patients are required to remain in the office for 30 minutes after allergy shots. You are welcome to apply anti-itch medication or ice to an injection site as needed.

Please inform the nursing staff if you have been diagnosed with a new medical condition or prescribed any new medications since your last visit. If any symptoms occur immediately or within hours of your injection, please inform the nurse before you receive your next injection.

Medical Conditions

- Allergy shots cannot be initiated during pregnancy
- Allergy shots may be continued if a woman becomes pregnant while already on shots
- Beta-blocker medications (ex: Atenolol, Propranolol, Metoprolol) can increase risk associated with allergic reactions to allergy shots. Please bring this up to your allergist if you take a beta blocker.
- Patients will not receive allergy shots when sick with an infection or asthma symptoms
- If you are on antibiotics for an infection, please complete two days of antibiotics before receiving an injection

Immunotherapy, or allergy injections should be administered at a medical facility with a medical provider present because occasional reactions may require immediate therapy. These reactions may consist of any or all of 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. **You are required to wait in in the medical facility in which you receive the injections for 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 (or patient) am not taking beta blocker medications or that if I am, I have discussed the risks/benefits of doing so with my physician.**

I have read this Allergen Immunotherapy Consent Form and understand it, and am acknowledging this fact with my signature below. The opportunity has been provided for me to ask questions regarding the potential side effects of immunotherapy and these questions have been answered to my satisfaction. 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 physician-in-charge has permission to treat said reaction.

I acknowledge the fact with my signature that I am authorizing the office to bill for allergen immunotherapy injections when I receive them. I understand I am responsible for my copay, deductible, and/or co-insurance, and any other amount not paid by my insurance. I also understand that I am responsible for bringing my allergen immunotherapy serum to Tidewater Allergy and Asthma from the facility where it was formulated.

Patient Name _____DOB:_____

Parent or Legal Guardian Printed Name _____

Signature of Patient/Guardian_____Date: _____

Number of Vials bringing in to Tidewater Allergy & Asthma: _____

Information about the Facility that Prescribed and Mixed the AIT Extract/Serum:

- Name of Facility: _____
- Fax Number: _____ Phone Number: _____
- City & State: _____

If I am a parent or legal guardian of a patient, I understand that I must accompany my child throughout the entire 30-minute wait period.

TAA Staff Signature _____ Date:_____

Date of First Scheduled Injection: _____