



William L. Johnson, MD

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SPECIAL RISK ALLERGEN IMMUNOTHERAPY CONSENT

I, _____ (patient name or legal representative), understand that my allergy symptoms would benefit significantly from allergen Immunotherapy.

I also understand that my underlying medical condition (cardiovascular disease, pulmonary disease) and the use of certain medications (beta-blockers places me at a higher risk since the response to first-line emergency medications (Epinephrine) used to treat a serious adverse/allergic reaction from the injections, is made less effective. Holding a dose of your beta-blocker medication prior to immunotherapy days, may mitigate some of the risk.

I hereby acknowledge that I am choosing to pursue allergen immunotherapy despite my increased risk.

Holding a dose of the beta-blocker medication the day prior to an allergy injection will be recommended providing it does not add additional complicating factors.

In addition, I hereby release Dr. William Johnson/Dr. Jeremy Katcher from all liability that could result from an anaphylactic reaction that is refractory to the emergency medications providing he acts according to the specialty-specific guidelines/recommendations for treatment.

Name of patient (or legal representative) _____

Signature of patient (or legal representative) _____

Date _____