



# AVANT ALLERGY & ASTHMA

## Consent for Medical Treatment

- I hereby authorize and request Avant Allergy & Asthma providers and staff to provide medical care and administer such diagnostic and/or therapeutic procedures and treatment as deemed necessary and advisable in the judgement of the physician, including allergy testing as below.
- I understand medical care requires my cooperation, and I will follow my doctor’s orders and prescription. If indicated, I will make & keep appointments for follow-up care, and call the office to note any changes or concerns in my condition.
- I authorize my physician to release any information, including the diagnosis and the records of any treatments or examination rendered to me or my child during the period of such medical care, to third party payers.
- I authorize and request that my insurance company, in lieu of reimbursing me directly, pay the physician or medical office any benefits for services rendered.
- I understand that my insurance company carrier may pay less than the actual bill for services; I agree that it is my responsibility to provide for payment of all services rendered on my behalf or my dependents.
- I will notify the office if/when there are pertinent changes to my medical history, including medical conditions and changes in insurance carriers. I will also notify the office of any changes in my contact information.

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Guardian’s Signature

\_\_\_\_\_  
If signed by other than patient, please write name and relationship to patient here

## Informed Consent for Allergy Testing

**Allergy Testing:** Skin testing is a method of testing for allergic antibodies. An allergy test consists of introducing small amounts of the suspected substance, or allergen, into the skin and noting the development of a positive reaction. Skin testing can involve prick testing (skin is pricked with a needle where a drop of allergen has already been placed) and/or intradermal testing (small amounts of an allergen are injected into the superficial layers of the skin). Interpreting the clinical significance of skin tests requires skillful correlation of the test results with the patient’s clinical history. After skin testing, your physician will go over the results and provide further recommendations.

You may be tested to airborne, food, venoms, and/or drug allergens. If you have a specific allergic sensitivity to one of the allergens, a red, raised, itchy bump will appear on your skin within 15 to 20 minutes. These reactions will gradually resolve over 30-60 minutes (rarely can take longer). Occasionally, local swelling at the site can occur, 4 to 8 hours after the skin tests were applied. These reactions will typically resolve over the next week or so.

Skin testing will be administered with a physician present since occasional mild or very rare severe reactions (e.g. severe allergic reaction or “anaphylaxis”) may occur and require immediate treatment. In the event a reaction would occur, the staff is fully trained in the treatment of such adverse reactions.

Please let your physician know, **prior to any skin testing**, if you are pregnant or taking beta-blockers.

I hereby acknowledge that I have reviewed the above information and have had the opportunity to discuss risks, benefits, and alternatives as well as ask questions about the test with my physician. By signing below, I give my informed consent for allergy testing. This consent will remain in place unless requested by me in writing.

\_\_\_\_\_  
Patient’s Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Patient or Guardian’s Signature

\_\_\_\_\_  
If signed by other than patient, please write name and relationship to patient here