

Adult & Pediatric Otolaryngology
 Head & Neck Surgery
 Facial Plastic Surgery
 Endoscopic Sinus Surgery
 Neurotology
 Skull Base Surgery
 Reconstructive Surgery
 LASER Surgery
 Nasal Allergy
 Clinical Audiology
 Hearing Aid Dispensing
 Voice Care



The Ear, Nose, Throat & Plastic Surgery Associates

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 Kelly L. Richards, M.S., PA-C
 Bibi Farida Hussain, M.S., PA-C
 Rebecca G. Korman, M.S., PA-C

ALLERGY DEPARTMENT CONSENT TO TESTING

Date: _____

I hereby authorize the allergy department of Drs. Ho, Lehman, Kielmovitch, Baylor, Tipirneni, Spector, Patni, Tran, Kang, Jadidian and Woodson, Jeff Fichera, PA, Jessica Curley, PA, Kelly Richards, PA, Farida Hussain, PA, and Rebecca Korman, PA, to administer testing to me and desensitization, if needed.

Your physician or physician's assistant has decided to send you for allergy testing. Based on your symptoms, it is possible that you have a condition termed "allergic rhinitis". Strategies for managing allergies may include avoidance of substances which induce the allergic response, use of various medications, and allergy shots, often known as immunotherapy. During the allergy skin testing procedure, your body will be exposed to small quantities of substances such as pollens, dust, dust mites, pet dander and mold extracts. Our testing is completed on 2 visits. The first test is multiwell testing, which is our baseline for the second test which is the intradermal test. Our testing is done on two separate visits to avoid overloading your system with different allergens. The allergy nurse will measure your skin's response to each of these substances in order to gauge the severity of your allergy. This also helps to determine a starting dose for allergy shots should you and your allergy provider choose to pursue the option of immunotherapy. Mild or local skin reactions may occur during the testing procedure. Severe allergic reactions to testing are rare but can occur. These reactions can also occur during the course of immunotherapy and are outlined below under the heading "Adverse Reactions".

When you have completed your review of the material provided, you may choose to ask further questions. We will request your consent prior to proceeding with allergy skin testing. Should you decide to proceed with allergy immunotherapy, we will request a separate consent for treatment.

Patient's Signature: _____
 (Parent or Guardian if patient is a minor)

Best Time and Phone Number to reach me with the results:

_____ Home
 _____ Work
 _____ Other

Please list all medications, including vitamins, that you are currently taking:

7/14/16

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