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Consent to Treatment with Allergy Injections (Immunotherapy)

The providers listed above and their staff have explained to my satisfaction my diagnosis and the recommended treatment for my allergic condition. This includes the importance of environmental control measures and the appropriate use of prescribed medications. I understand that receiving allergy injections (immunotherapy) for a period of at least five (5) years may help improve my symptoms.

I understand that patients receiving allergy injections **should not take beta-blocker medications**, as these drugs may interfere with the treatment of a severe allergic reaction, including asthma symptoms, changes in blood pressure, or shock. If I am currently taking a beta-blocker, I agree to discuss this with my allergy provider prior to starting or continuing immunotherapy.

Examples of beta-blocker medications include, but are not limited to:

Acebutolol (Sectral), Atenolol (Tenormin), Betaxolol (Betoptic), Bisoprolol (Cardicor, Emdor, Zebeta), Carteolol (Teoptic), Carvedilol (Eucardic), Celiprolol (Celecol), Labetalol (Trandate), Levobunolol (Betagan), Metipranolol, Metoprolol (Betaloc, Lopressor, Toprol), Nadolol (Corgard), Nebivolol (Nebilet), Oxprenolol (Trasicor), Pindolol (Visken), Propranolol (Inderal), Sotalol (Beta-Cardone, Sotacor), Timolol (Betim, Blocadren, Nyogel, Timoptol), as well as combination medications such as Tenoretic and Ziac.

I understand that the risks associated with allergy injections are **significantly increased** if I am taking beta-blocker medications.

I also understand that patients receiving allergy injections **should not take MAO inhibitor medications** for depression unless specifically approved by one of the medical providers. Examples of MAO inhibitors include Marplan, Nardil, and Parnate. These medications may also make it unsafe to use certain prescription and over-the-counter allergy medications.

I Understand and Agree That:

- Allergy injections will never be self-administered.
- Allergy injections will be administered under the supervision of a physician or qualified medical staff.
- I must remain in the office for at least 30 minutes after each injection for observation.
- I should avoid strenuous exercise for 4–6 hours after receiving an allergy injection.
- Possible local side effects include redness, itching, swelling, and/or bruising at the injection site. If significant swelling occurs, I will notify the provider or nursing staff.
- Other possible reactions include nasal or sinus congestion, headache, cough, itchy eyes, nose, or throat, chest tightness, or palpitations. I will notify the provider or nursing staff immediately if any of these symptoms occur.
- In rare cases, more serious reactions such as hives, anaphylaxis, or shock may occur.
- I will not receive any vaccinations within 3 days before or 3 days after an allergy injection.
- Every 6-12 months, I will schedule a follow-up visit with my allergy provider to review my medical status and treatment plan.
- Prescription refills may be temporarily suspended if I do not complete the required follow-up appointment.
- It is necessary that a parent accompany and remain in our office with any patient under the age of 18

I acknowledge that I have read, fully understand and agree with the information provided to me. All of my questions have been answered to my satisfaction. I hereby give permission for Dr. Juan Sotomayor, Jill Agne, FNP, Summer Goetz, FNP, Katie Klee, FNP, Anna Salvagno, FNP and their staff to begin my immunotherapy (allergy injection) treatment at this time.

Signature of Patient or Legal Guardian

Date

Printed name of Patient or Legal Guardian

Witness