

Karle Medical Group, P.C.

455 Barclay Circle, Suite D

Rochester Hills, MI 48307

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Allergy Injection Patient/Provider Agreement

For the safety of our patients, we have developed an allergy injection protocol that has a number of requirements for our patients.

- 1) Patient Office Visit Requirement
 - a. First allergy injection at Karle Medical Group requires an office visit with a doctor specifically to address the allergy injection, regardless of last Karle Medical office visit date
 - b. Doctor to review your injection material, dosage and history of reactions
 - c. Involve the doctor in the overall plan so future injections are overseen by the original doctor
- 2) Scheduling Requirement
 - a. Subsequent injections must be scheduled **at least** 1 hour before the last patient of the day
- 3) Patient Requirements for the extracts
 - a. Your full name must appear on the vial(s)
 - b. The strength, contents and expiration date of the allergen extracts must be on the vial and on the injection record
 - c. All extracts vials received by Karle Medical Group must be cool-to-touch. We will not accept extract vials that are at room temperature or warmer as the integrity of the extract maybe affected
- 4) Karle Medical Group requirements for the serum
 - a. Extracts will be kept in the refrigerator, unless otherwise indicated, marked with your name
- 5) Karle Medical Group responsibility for serum
 - a. Karle Medical Group cannot be held responsible for replacing serum lost
 - i. Due to power outages
 - ii. Due to reactions that require termination of injection treatment
 - iii. Due to extended periods of patient non-compliance, rendering the serum expired
- 6) Required documentation from your allergist
 - a. Dates and dosages of injections administered prior to coming to Karle Medical Group
 - b. Schedule and dosage program to be followed for subsequent injections
 - c. A list of standing orders with instructions for starting a fresh vial of extract and for management of missed injections or deviations from the indicated schedule
 - d. Allergists contact information
 - i. For reporting reactions
 - ii. Instructions to be given to you in the case of a spectrum of reactions
- 7) During visits you should expect
 - a. When you come to the office, check in the front desk in the waiting room
 - b. You should not receive an allergy injection(s) if you
 - i. Have become pregnant and have not informed your allergist
 - ii. Have a fever or extended illness

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- iii. Are wheezing, short of breath, or having exacerbation of asthma symptoms
- iv. Are taking a Beta-Blocker or a drug containing a Beta-Blocker
- v. If your allergist requires you to pre-medicate before your injection and you have not done so – this will require a rescheduling of your appointment

8) After receiving injections, what you should expect

- a. You must wait 30 minutes and have the injection site checked by the nurse for any reactions before leaving the clinic
- b. Due to the importance of this safety policy, if you fail or decline to follow this policy, we can no longer provide your injections.

9) Reaction Check

- a. Notify your medical assistant if you experience any of the following after receiving your injection
 - i. Runny nose
 - ii. Wheezing
 - iii. Sneezing
 - iv. Flushing
 - v. Hives
 - vi. Coughing
 - vii. Itching
 - viii. Facial swelling
 - ix. Anxiety
 - x. Shortness of breath
- b. Avoid rubbing or scratching the arm in which you received the injection
- c. Upon leaving the office
 - i. Avoid vigorous exercise
 - 1. 2 hours before injection
 - 2. 2 hours after injection
 - ii. If you have any reaction when you leave the office
 - 1. Take an antihistamine
 - a. Claritin
 - b. Zyrtec
 - c. Allegra
 - d. Benadryl
 - 2. Record the time that the reaction occurs and how long it lasts
 - 3. Contact the Karle Medical Group during office hours as early as possible thereafter
 - 4. If the symptoms worsen proceed to the nearest emergency room or call 911

Printed Patient Name

Date

Patient Signature