Allergy and Asthma Center, Anita N. Wasan MD PLC
6824 Elm St, Ste 120, Mclean, VA 22101
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Supervising Physician Authorization Form

I, and/or my physician associates agrees to supervise the administration of the correct vial concentration and dosage of allergen immunotherapy on a regular basis for the patient, _____(DOB_____), based on the Allergy and Asthma Center's dosing schedule that was received with the vials. I understand that the vials are to be refrigerated in my facility at all times. If there is a question regarding the dosage of the shot(s), I understand to not administer the dose but to contact the Allergy and Asthma Center and wait on a response before administering the dose to the patient. I am responsible for the administration of the correct concentration and dosage of the allergy shot(s) and the subsequent medical care of the patient from the allergy shot(s) administration.

My facility has the necessary medical supplies and medications needed to manage any adverse effects that may occur as a consequence of the allergy immunotherapy, including epinephrine, diphenhydramine, steroids, oxygen, nebulized bronchodilators, and intravenous fluids. My facility also has access to call 911 to help transport the patient to the nearest emergency room/hospital center if needed. If there is a systemic allergic reaction to an injection, I understand to notify the Allergy and Asthma Center and discontinue allergy shot(s) for the patient. The patient is to return to the Allergy and Asthma Center at the start of every new vial concentration. I am not to start a new vial at my facility.

The patient understands to wait for at least 30 minutes after each allergy injection in a physician supervised setting. The patient has to bring an epinephrine auto-injector to every shot(s) appointment and keep it at room temperature. The patient understands how and when to use the epinephrine auto injector. If the patient is on a beta blocker, I understand not to administer the shots to the patient. If the patient is not feeling well, having a fever, respiratory issues, and/or cardiac issues, I understand not to administer shots. Before the administration of any shot, I am to ask the patient how he/she did prior to the shot administration. If there was a large local reaction or any adverse reaction to the shot, I will follow the Allergy Shot Administration Guideline per the Allergy and Asthma Center. My questions and concerns about the allergy immunotherapy and the dosage schedule have been answered. If any further questions arise in the future, my physician associates and/or myself are to call the Allergy and Asthma Center prior to administering the injections.

Patient Name and DOB:_____

_____ , _____

Printed Name of Physician **Signature of Physician**

_____

Name/Address/Phone of Facility

Provider Allergy and Asthma Center:

_____**Date:**_____