

ALLERGY, ASTHMA & SINUS CENTER P.C.

BEHNAM DAGHIGH, M.D. HUONG THAI-KEMPROWSKI, M.D. KUNAL SHAH, M.D. JILL HAM, N.P.
Diplomate American Board of Allergy & Immunology

19465 Deerfield Avenue, Suite 101 ♦ Leesburg, VA 20176 ♦ 703-726-9720 ♦ Fax 703-726-9721
205 E. Hirst Road, Suite 202 ♦ Purcellville, VA 20132 ♦ 540-338-1215 ♦ Fax 703-726-9721
46169 West Lake Drive, Suite 140 ♦ Sterling, VA 20165 ♦ 703-444-8592 ♦ Fax 703-726-9721

Physician Authorization Form

I and/or my physician associates agree to supervise the administration of the correct dosage of allergen immunotherapy for:

Patient Name: _____ Date of Birth: _____

Based on Allergy, Asthma & Sinus Center's immunotherapy dosage and schedule.

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:

(please circle all that apply)

Epinephrine

Diphenhydramine (child and adult doses)

Solumedrol

Oxygen

Intravenous Fluids

Available EMS Personnel

In case of severe anaphylactic reaction from immunotherapy, protocol for anaphylaxis should be followed, starting with administering epinephrine and immediately calling 911.

The patient understands to wait for at least 30 minutes after each allergy injection in a physician supervised setting.

If any further questions arise in the future, my physician associates and / or myself are to call Dr. Daghigh, Dr. Thai-Kemprowski, Dr. Shah or Jill Ham's office prior to administering the injections.

Physician Signature

Date

Physician Name Printed

Date

Name, Address and Phone # of Facility

AASC – Dr. Daghigh / Dr. Thai-Kemprowski / Dr. Shah / Jill Ham, NP

Date