

**Center for Allergy and Asthma Care
250 Cetronia Road, Suite 103
Allentown, PA 18104**

ALLERGY IMMUNOTHERAPY PROGRAM

I. PURPOSE AND LENGTH OF THERAPY

1. Usually a three to five year program (or longer in some cases).
2. Goals:
 - a) To minimize or eliminate your symptoms each year.
 - b) To minimize or eliminate your medications.

These changes will depend on your compliance with your schedule and how well you have progressed through your vials.

II. FREQUENCY

1. Usually one to two times a week in the beginning. Injections do not have to be the same day each week and only one day is needed in between injections.
2. Eventually spaced out to every two, three or four week intervals.

III. LATENESS

1. Occasionally it is all right to miss one to two weeks.
2. If you miss more than three weeks:
 - a) It results in lowering your dosage.
 - b) It puts you at more of a risk for a reaction.

IV. NO INJECTION IF:

1. You are at the beginning of an illness or have developed new symptoms.
2. You have a fever.
3. You are tight, wheezing, short of breath or have a low peak flow.
4. You have been on an antibiotic less than 48 hours and don't feel better.

****If in doubt, please call before coming in****

V. MEDICATIONS

1. Do not stop your routine medications. Follow-up visits with the doctor will determine when you can decrease or stop medications.
2. Beta Blockers. These are for your heart, blood pressure or eye drops for glaucoma.
Please tell us if you are taking any of these medications. They could affect the way we treat a reaction.

VI. EXERCISE

1. Do not exercise one hour before or one hour after injections (i.e. gym class, sledding, swimming, etc). Exercise speeds up your metabolism and causes the injection to be absorbed too fast, which could cause a reaction.

VII. WAITING

1. You must wait twenty minutes after an injection. You should wait twenty minutes whether the injection is given in this office or another office.
 - a) A serious reaction to an injection is most likely to begin or happen within these twenty minutes, when doctors or nurses can treat you.

- b) Reactions are still possible, although less likely, that night and the next day.
- c) Please see a nurse before leaving after you injections to have your arm checked and to look for a reaction.

VIII. SYSTEMIC REACTIONS

1. Any new/unusual or increase in symptoms after an injection.
2. Carry your emergency kit to and from shots. (Epi-Pen, Liquid Benadryl, Prednisone/Orapred, rescue inhalers).
 - a) Please call us if there is a need to use these medications.
 - b) Call an ambulance if necessary and go to the emergency room.

IX. AVOIDANCE

1. Please try to avoid what you are allergic to the day of an injection.
 - a) Do not cut grass, do yard work or rake leaves.
 - b) Do not clean the house, basement, attic or garage.
 - c) Do not allow pets in the bedroom that night and avoid those friends/relatives houses with pets.

X. LOCAL REACTIONS

1. Redness, swelling and itchiness at the injection site: A dime to quarter size reaction on your arm is common and normal. This irritation can last about a day or so.
2. For larger reactions: please contact the office.
3. For relief: Ice, Tylenol, Liquid Benadryl or Benadryl cream.
4. Bruising is possible and unavoidable- please use ice.
5. High pollen and mold counts in the Spring and Fall tend to cause large local reactions.

XI. GENERAL

1. It takes about a year to reach an adequate maintenance dose to start seeing relief from symptoms. However, some relief will often happen within two to three months.
2. If at any time during your time on allergy injections you have questions or concerns, please feel free to call the office.
3. When you keep us informed, we can make better decisions about your injection program.

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STARTING IMMUNOTHERAPY/CONSENT FORM

COST OF EXTRACT AND INJECTIONS:

- 1) Initial set of extract: Vials #1- 5, cost \$480.00 per set
- 2) Maintenance vials
 - 2 ml - \$90.00
 - **5 ml - \$180.00
 - 10 ml- \$360.00** Most common
- 3) Injection cost
 - One (1) injection -\$19.00
 - Multiple injections (2 or more) -\$24.00
- 4) Duration of vials
 - a. Initial set lasts approximately 16-30 weeks if injections are given weekly, and approximately 5 weeks if injections given daily.
 - b. Maintenance vials last 10-40 weeks depending on the frequency of injections.
 - c. Immunotherapy is considered a long term commitment, a minimum of three to five years for maximum benefit.

Depending on your insurance plan, your “out of pocket” costs may be different than those quoted above. We recommend that you contact your insurance carrier to verify your coverage. The code for the allergy extract vials is **95165** and injection code for a single injection is **95115** and **95117** for multiple injections.

I have read the above and agree to begin allergy immunotherapy. The appropriate vials will be prepared and once they are ready, I will be responsible for the charges, even if the injections are not started.

Please print patient's name DOB

Patient or parent Signature Date