



SOUTHWEST OHIO
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SUBLINGUAL IMMUNOTHERAPY (SLIT) CONSENT FOR TREATMENT

- I am not presently taking a Beta Blocker medication and I will immediately inform SOENTS Allergy office if a Beta Blocker is prescribed to me for any reason.
- I have had my questions regarding the administration of sunlingual drops for immunotherapy answered to my satisfaction.
- I understand how to take the drops and will follow the instructions.
- I understand that it is the policy for Southwest Ohio ENT Specialists, Inc. that I have my emergency epinephrine available when I take my drops.
- I understand that it is the policy of Southwest Ohio ENT Specialists, Inc. that I see my SOENTS physician at least once a year for a check up.
- I understand that I must bring my treatment record with me when I come for the first administration of any new bottle of drops.

I have read the information in this consent form and understand it. The opportunity has been provided to me to ask questions regarding the potential risks of immunotherapy and these questions have been answered to my satisfaction. I understand that precautions consistent with the best medical practice will be carried out to protect me from adverse reactions to my immunotherapy. I give consent, for the patient designated below, to be given immunotherapy over an extended period of time and at specific intervals, as prescribed by my doctor. I further give authorization and consent for treatment, by my doctor and their staff, of any reactions that may occur as a result of immunotherapy.

Patient Name (Printed) Date of Birth

Signature of patient or parent/authorized person to consent for a minor patient Date

For office use only: I have counseled this patient and or authorized legal guardian concerning the information in this Consent for Immunotherapy and that it appears to me that the signee understands the nature, risks and benefits of the proposed treatment plan.

Staff Signature _____ Date _____

Head & Neck Surgery • Ear, Nose, Throat & Sinus Surgery • Pediatric ENT • Voice Analysis & Rehabilitation

Main Location	Dayton Children's Office	Englewood Office	Troy Office	Centerville Office
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