



Tonny Tanus M.D
Eric Boren M.D

Allergy Asthma and Immunology

Patients Name: _____ D.O.B: _____

Date: _____

Dear Doctor: _____

Kern Allergy Medical Clinic is requesting that you as a physician or Doctor's Authorized Physician extender supervise the administration of allergy extracts for this patient. The injections should be **administered and stored** at your office location where treatment of anaphylaxis (hives, rhino conjunctivitis, angioedema, asthma, laryngeal edema, hypotension, shock and potential patient demise is available.

Historically, a small percentage of patient receiving allergy injection experience reaction, the vast majority of which are large, local swelling, hives, rhinitis or conjunctivitis. Asthma and shock are unusual, and death is extremely rare. However, these risks are not predictable.

You do not personally have to administer the injection, although you may, but you should be in the injections area for at least 30 minutes after an injection, and be prepared to treat an anaphylactic reaction. The patient must remain in the area for at least 30 minutes after injection(s). Vials are to be kept refrigerated and remain in the providers' healthcare facility. Vials cannot be in patients possession or be kept at their home. Instructions will indicate once a patient has reached his/her top dose in which they will schedule an appointment at our facility and bring vials along with flowsheet.

If you have the capability of doing a full resuscitation of an anaphylactic reaction, and if you will supervise these injections, please sign this form and mail or fax back to our office. We will provide you with the allergy extracts, injections advancement schedules, and the guidelines for "missed injections", treatment of anaphylaxis and further instructions.

Sincerely,
Kern Allergy Medical Clinic

Bakersfield- Tel: (661) 327-9693
Fax: (661) 327-0749

SW Bakersfield- Tel: (661) 885-8881
Fax: (661) 885-8027

Porterville- Tel: 559) 782-8578
Fax: 559) 782-8594

Delano- Tel:(661) 721-8832
Fax: (661)721-8319

Provider Signature

Your Address & Info