

DallasAllergyImmunology

MEDICATIONS TO AVOID DURING IMMUNOTHERAPY

Some medications taken for other medical conditions (especially **Beta Blockers** taken for high blood pressure, migraines or glaucoma, and **MAO inhibitors** taken for depression) may increase the risk of a life-threatening allergic reaction to the allergy shots, and should therefore be avoided while receiving immunotherapy. If you are currently taking any of the following medications or if you are prescribed one of these medicines by another physician while you are receiving I.T., **it is very important that you inform your doctor or nurse prior to starting or continuing allergy shots:**

<u>GENERIC NAME</u>	<u>TRADE NAME</u>	<u>GENERIC NAME</u>	<u>TRADE NAME</u>
Propranolol	Inderal, Inderide	Labetolol	Normodyne
Timolol	Blocarden, Timolide, Timopten	Penbutolol	Levatol
Metoprolol	Lopressor	Levobunol	Betagen
Nadolol	Corgard, Corzide	Carteolol	Cartrol
Atenolol	Tenormin, Tenoretic	Isocarboxazid	Marplan
Pindolol	Visken	Phenelzine	Nardil
Acebutolol	Sectral	Tranlycypromine	Parnate
Betaxolol	Betoptic	Ophthalmic Drops	

CONSENT FOR TREATMENT I M M U N O T H E R A P Y

I have read and understand fully the attached **Allergy Shot Information** and **Instructions For Patients Receiving Allergen Immunotherapy**. I agree to abide by these instructions in order to minimize the risks of a life-threatening allergic reaction associated with allergy shots. I have had the opportunity to ask additional questions regarding the anticipated benefits and potential risks of immunotherapy. These questions have been answered to my satisfaction.

I hereby give consent for myself/my child to receive immunotherapy injections (allergy shots) and authorize treatment of any reactions that may occur as a result of an allergy shot.

Patient's Name (Print)

Parent/Guardian's Name (Print)

Signature (Patients >12 years old)

Date

Parent/Guardian Signature (Patients <18 yrs old)

Date

Witness Name (Print) / Signature

Date