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Informed Consent for Allergy Skin Testing

It has been recommended that you undergo Allergy Skin Testing to determine if the symptoms for which you are seeking treatment are due to respiratory allergies.

Benefits of testing: Ability to determine if allergy is causing your symptoms. Identification of those things that you are allergic to.

Possible Risks: It is impossible to list all of the potential complications that may occur from any procedure. However, risks here have been carefully considered. There may be possible risks including, but not limited to: local skin reaction (including rash, hives, welts), asthma or breathing difficulties, changes in heart rate or blood pressure, diarrhea, headache, bleeding, infection, anaphylactic shock, and death.

Alternatives to testing: blood testing for allergies, use of allergy medications

I understand that the practice of medicine is not an exact science and that NO guarantees or assurances have been made to me concerning the results of this procedure. I understand that during the course of testing it may be necessary or appropriate to perform additional procedures which are unforeseen or not known to be needed at this time. I consent to and authorize the performance of such additional procedures, should they be deemed necessary or appropriate.

By signing this form, I acknowledge that I have read or had this form read and/or explained to me. That I fully understand its contents and that I have been given the opportunity to ask questions and that my questions have been answered to my satisfaction. I understand the potential benefits and risks of this procedure. I agree to undergo the testing, and have it billed to the appropriate payor(s).

I voluntarily consent to allow Comprehensive ENT, Head and Neck Surgery PC, any physician within the group and all medical personnel under the direct supervision and control of the physicians and all other personnel who may otherwise be involved in performing the procedure to perform the procedure as described.

X _____
Patient's/Guardian's Signature

Date

X _____
Physicians Signature

Date

X _____
Witness Signature

Date

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