



SUBURBAN
Ear, Nose & Throat
Associates, Ltd.

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- Diseases of the Ear, Nose & Throat
- Adults and Children
- Head and Neck Surgery
- Facial Cosmetic and Reconstructive Surgery

Emeritus
Ralph A. Casciaro, M.D.
Henry Rabinowitz, M.D.
Byron I. Eisenstein, M.D.

CONSENT FOR ALLERGY TESTING

Patient Name: _____ Date _____

The risks of allergy testing have been satisfactorily explained to me. Generally, allergy testing and treatment is safe, however adverse effects can occur. These include the possibility of increased allergy symptoms (i.e. nasal congestion, runny nose, itchy watery eyes, tearing, flushing, itching, asthma), and/or a vasovagal reaction (nervousness, sweating, feeling faint).

Rare, but serious risks from allergy testing and treatment have also been known to occur. These include airway obstruction, respiratory distress, and possible death.

I understand my medical conditions and medications can affect the risks of testing and treatment. To maximize my safety, I have fully disclosed this information on the form provided.

I hereby consent to the administration of the inhalant allergy testing by physicians and/or staff of Suburban Ear, Nose & Throat Associates, Ltd.

Signed: _____ Date _____

Relationship to patient (if patient is a minor) _____

Nurse: _____ Date _____

Since 1961 — Celebrating 50+ years of community service providing compassionate, state-of-the-art healthcare