

ENT & Allergy Clinic of Austin
2765 Bee Cave Rd Ste 205 | Austin, TX 78746
1730 E Whitestone Blvd Ste 100 | Cedar Park, TX 78613
Phone: (512) 328-7722 | Fax: (512) 328-7724

INSTRUCTIONS FOR ALLERGY TESTING

- You have been scheduled for testing on _____ at _____ AM/PM.
- If you have any questions, please contact us at (512) 328-7722.
- You have received, signed, and secured payment for our allergy testing financial agreement. You understand that if you cancel or no-show for your allergy testing appointment your card on file will be charged \$250.00 as secured payment for services.
- Allow at least two hours for testing. If you are running late, please contact our office immediately. If you are more than 30 minutes late, will have to cancel your appointment and will charge your on-file card \$250.00.
- Testing will be performed on both arms. We will need access to the upper and lower arms. Testing will be done on the BACK for smaller children. Try to wear or bring an old t-shirt or sleeveless shirt so that we may have access up to the shoulder.
- Do not wear any lotions or oils on your arms the day of your testing. You may wear deodorant & shower.
- We have provided a list of medications that interfere with allergy testing. Please follow the instructions given for stopping all meds. **Failure to do so will result in false test results and you will have to be rescheduled.**
- Even with planning, you may not pass your control to proceed with the allergy test. If this occurs, we will send a blood test order to be performed at a lab.
- If you are taking a beta-blocker for high blood pressure, migraines or glaucoma, please DO NOT STOP TAKING YOUR MEDICATION WITHOUT THE CONSENT OF THE PRESCRIBING DOCTOR. Inform the doctor or allergy technician that you are taking or think you may be taking a beta-blocker and we will check the classification of your medication in question. **Please be aware that some medications have to be discontinued at least 7 days to testing. If you are taking a medication that is not listed, please contact our office to determine if it will need to be discontinued prior to your allergy testing day.**
- If you have asthma, you must bring all prescribed inhalers, and medications with your to your testing appointment.
- If you are the adult being tested, please keep children at home. For your safety we request children and minors to remain home.
- **We only allow the patient in the room during testing (unless the patient is a child and then 1 parent may accompany). Any guests will be asked to wait in reception.**

Patient or Guardian Signature: _____

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Credit Card On-File Form

Credit Card Information	
Card Type	<input type="checkbox"/> Mastercard <input type="checkbox"/> Visa <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name:	_____
Card Number:	_____
Exp Date:	_____
Cardholder Zip Code:	_____

I, _____, authorize ENT & Allergy Center of Austin to charge my credit card above \$250.00 if I no show or cancel my allergy appointment.

Signature

Date

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Insurance Informed Consent for Allergy Testing

Patient (print): _____ DOB: _____

Date of Testing: _____

It is the patient's responsibility to verify benefits for all allergy services. It is important to ask your insurance company if deductible applies to your allergy benefits. If so, ask how much of your deductible has been met.

Therefore, it is imperative that you call your insurance company BEFORE your testing date, so you are prepared to pay any necessary portions AT THE TIME SERVICE IS PROVIDED.

The following are the testing and treatment CPT codes used for billing:

- Testing: 95004 & 95024
- Treatment: 95115 & 95117
- Serum: 95165

By signing this consent, you are stating that you are aware of the nature of this testing and that your insurance company may not pay all or part of this service.

By signing this consent, you are agreeing to accept full responsibility of payment should your insurance company deny this charge.

I, _____, have read the above information and have agreed to continue with the allergy skin testing as found medically necessary by my provider. I also understand that my insurance company may or may not pay all or part of the testing as they may consider this experimental in nature.

Signature

Witness

Date

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Informed Consent for Allergy Testing and Treatment

Patient (print): _____ Date: _____

- The DIAGNOSIS requiring this procedure is: ALLERGIC RHINOSINUSITIS
- The NATURE of this procedure: DESENSITIZATION
- The PURPOSE of this procedure is: TO ALLEVIATE ALLERGIC SYMPTOMS
- POSSIBLE RISKS: It is impossible to truly list all of the complications that could occur from any procedure. However, risks here have been carefully considered. There may be possible risks involved in this procedure including, but not limited to, skin rash, runny nose, sneezing, itchy eyes, pruritic wheals, headache, bronchial asthma, anaphylactic shock, delayed response, or death.
- The PRACTICAL ALTERNATIVES to this procedure include modifying your environment, antihistamines, and other medications.

I understand the risks and benefits of allergy testing and I am satisfied with the explanation that has been given to me.

I understand that during the course of the procedure described above it may be necessary to perform additional procedures, which are unforeseen, or not known to be needed at the time this consent is given. I consent to and authorize the person described herein to make the decision concerning such procedures. I consent to authorize the performance of such additional procedures as he/she deems necessary or appropriate. I also consent to the presence of observers in the allergy room for medical or education purposed approved by my physician.

I voluntarily consent to Dr. Karen L. Stierman, Dr. Russell Briggs or Elizabeth Guzy, PA or any physician designated or selected by them and all medical personnel under the direct supervision and control of such physicians and all other personnel who may otherwise be involved in performing such procedures to perform the procedures described or otherwise referred to herein.

Patient Initials: _____

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Allergy Questionnaire

Instructions: Please answer the questions on this form as they relate to the person being evaluated.
Please bring the completed forms to our office for your appointment.

Patient (print) _____		
Gender: _____	Age: _____	DOB: _____

BRIEFLY DESCRIBE the reason for your visit and what you hope to accomplish:

SYMPTOMS: Do you experience any of the following? (Please circle the one that applies to you):

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NOSE:		
Stuffy Nose	Thick/colored discharge	Clear/colorless discharge
Sneezing	Nose bleeds	Mouth breathing/snoring
Itching	Loss or decreased sense of smell	Sniffing
EYE:		
Red/itchy/watery	Dark circles/puffiness	
SINUS/THROAT:		
Headaches	Sore throat	Postnasal drainage
Bad breath	Frequent infections	Throat clearing
Hoarseness		
EAR:		
Itching	Full/popping	Pain
Ringing/hearing loss	Frequent infections	
CHEST:		
Tightness	Shortness of Breath	Productive cough
Wheezing	Dry cough	
SKIN:		
Rash	Hives	Eczema
Swelling	Itching	Sores

CONSTITUTIONAL:

Overall feeling of weariness

- Are your symptoms: Year round Seasonal Both

- During what months do you usually have symptoms: January February March April May June July August September October November December

- Do you feel symptomatic when eating: Yes No

- Do either or both of your parents have allergies or asthma? Yes No

- What allergy medications have you tried in the past? (example: Claritin, Zyrtec, etc.)

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- Are the above medications relieving your allergy symptoms: Yes No
- Do you presently have an allergist? Yes No
- Have you ever been allergy tested? Yes No
- Have you taken or are you presently on immunotherapy? Yes No

MEDICATIONS THAT INTERFERE WITH ALLERGY SKIN TESTING

Antihistamine medication must be stopped 7 days prior to testing. If you are taking ANY of the medications listed, notify the allergy tech **BEFORE** your testing appointment. These include but are limited to: Xyzal, Zyrtec, Claritin, Allegra, and Benadryl.

Beta blocker medications need to be 7 days prior to testing, if possible, with instructions by the prescribing doctor (usually your cardiologist). If you are unable to stop them, please let us know and we can order a blood test instead of a skin test. Blood testing however if not sensitive for environmental allergens.

Other medications on this list have mild antihistamine effects however do not stop them without your prescribing doctors permission. In most cases, these other medications (non-antihistamine and non-beta blocker meds) can be continued if necessary (anti-depressive/anti-anxiety med).

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Antihistamines (ATH)	
<i>All antihistamines must be stopped for 7 days prior to allergy test</i>	
<i>If you are on a medication not listed, please call the office and speak to the allergy coordinator</i>	
Actifed	Fexofenadine
Aerokids	Histex
Ah Chew	Hismanal
Alavert	Histussin
Aldex	Hydramine
Allegra	Hydroxine
Allegra D	Lodrane
Antihist	Loratidine
Astelin	Kronofed
Astepro	Meclizine
Atarax	Mizollen
Atrohist	Mucinex Allergy
Benadryl	Mydil
Bonine	Naldecon
Bromphed PD	Nalex
Cetirizine	Nisavel
Chrpheniramine	Novahistine
Chlorpromazine	Nyquil
Chlortrimeton	Omnihist
Cetirizine	Optimine
Clarinex	Palgic
Clarinex D	Pediatex
Claritin	Pediox

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Clemastine	Periactin
Cyproheptadine	Phenergan
Deconamine	Pheniramne
Dexodryl	Phrlex
Dimetane	Polaramine
Dimetapp	Promethazine
Diphenhydromine	Prorex
Doxylamine	Pyrilamine
Dramamine	Quintadril
Drixoral	Rescon
Duradryl	Rezine
Dutuss	Ridraman
Dymista	Rondec
Endal	Ryntann
Tylenol cold	Seldane
Tylenol PM	Semprex
Unisom	Sudal
Vistaril	Tacaryl
Xyzal	Tavist
Zyrtec	Theraflu Nighttime
Tussionex	Thorazine
Zatiden	Tremaril
Zymine	Triaminic
	Trinalin

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Antidepressants/Sedatives/Atypical <i>(If you are on a medication not listed, please call and speak to the allergy coordinator)</i>	
Ambien	Mirtazapine
Anafranil	Netazadone
Amitriptyline	Norpramin
Amoxampine	Nortriptyline
Ativan	Nurpramin
Aventyl	Olepto
Bupropion	Pamelor
Clomipramine	Protrptyline
Clonazepam	Quetiapine
Desipramine	Remeron
Desyrel	Serazone
Diazepam	Seroquel
Doxepin	Sinequan
Elavil	Surmontil
Eszopiclone	Tofranil
Klonopin	Trazadone
Imipramine	Trimipramine
Lorazepam	Valium
Ludiomil	Versed
Lunesta	Vivactil
Maprotiline	Wellbutrin
Midazolam	Zolpidem

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Beta Blockers including BB Eye Drops	
<i>(If you are on a medication not listed please call and speak with the allergy coordinator)</i>	
AK Beta	Betagan
Betapace	Betoptic
Betaxon	Coreg
Betimol	Corzide
Blocarden	Cosopt
Brevibloc Injection	Inderide
Cartrol	Levatol
Corgard	Nadolo
Corzide	Nebivolol
Inderal	Nomodyne (Labetalol)
Kerlone	Occudose
Levatol	Ocumeter
Lopressor (Metoprolol)	Ocupress
Optipranol	Sorine
Sectral	Tenormin (Atenolol/HCTZ)
Tenormin (Atenolol)	Tenoretic
Timoptic (Timolol)	Timolide
Toprol	Trandate
Visken	Zebeta
Ziac (Bisoprolol)	
<i>*Patients must be weaned by a prescriber MD & must be off 7 days prior to testing*</i>	

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Reflux Medications	
<i>(If you are on a medication not listed please call and speak with the allergy coordinator)</i>	
Axid	Pepcid
Cimetadine	Ranitadine
Famotadine	Tagamet
Nizatadine	Zantac

Eyedrops	
<i>(If you are on a medication not listed please call and speak with the allergy coordinator)</i>	
Alocril	Pataday
Elestat	Patanase
Livostin	Patanol
Optichrome	Pazeo
Optivar	Zaditor

Muscle Relaxants	
<i>(If you are on a medication not listed please call and speak with the allergy coordinator)</i>	
Amrix	Flexeril
Cyclobenzaprine	Norflex
Fexmid	Orphenadrine

Anti-Anxiety	
<i>(If you are on a medication not listed please call and speak with the allergy coordinator)</i>	
Alprazolam	Temazepam
Clonazepam	Valium
Diazepam	Xanax

These are common antihistamines/decongestants/combinations, beta-blockers, tricyclic antidepressants, sleeping medications, reflux medications. This is NOT a complete list.

Many over-the-counter medications and combination drugs contain antihistamines.

IF YOU ARE UNCERTAIN ABOUT YOUR MEDICATION THAT YOU ARE TAKING – PLEASE CHECK WITH THE ALLERGY COORDINATOR OR YOUR PRESCRIBING DOCTOR.

***Do not stop taking your blood pressure medication or antidepressant without talking to your doctor first.**

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Other medications that may interfere with skin testing are:

- Catapres
- Chlorpromazine
- Clonidine
- Haldol/Haloperidol
- Parlodel
- Seroquel (Quetiapine)
- Tofranil (bed wetting)
- Thorazine
- Nasal sprays (Astelin, Astepro, Dymista and Pantanase)

Medications that you may take:

Nasal Sprays:

- Afrin
- Atrovent
- Becomase
- Nasonex
- Phenynelephrine
- Rhinocort
- Flonase
- Veramyst
- Nasacort
- Vicks Nasal Spray
- Fluticasone

Derm Medications:

- Atopiclair
- Elidel
- Mimyx
- Protopic
- Steroid creams

Respiratory Medications:

- Accolate
- Advair
- Albuterol
- Atrovent
- Flovent
- Pulmicort
- Singulair

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- Theophylline
- Ventolin
- Xoponex

Decongestant/Expectorants:

- Carbapentane
- Delsym
- Dextromethorphan
- Duratuss
- Duravent
- Entex LA, PSE
- Guaifenisin
- Phenyleprine
- Rescon GG
- Respi Tarm
- Robutussin PD, DM
- Triaminic Yellow
- Sudafed PE
- Z-Cof DM

Reflex Medications:

- Aciphex
- Nexium
- Omeprazole
- Prevacid
- Prilosec
- Protonix
- Zegrid

By signing this form I am confirming that I have not taken any of the above medications, that I have asked the allergy coordinator or physician if I'm not another medication not listed, and that I will abide by the rules and regulations set forth by the doctor's office in order to properly and safely execute the allergen evaluation.

It is important that you inform the allergy coordinator or doctor of any new medications you are taking prior to testing or receiving an allergy injection.

Patient Name (print) _____

Patient Signature: _____

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There are a wide variety of substances (allergens) that may cause allergic reactions in some people. Allergy testing is the procedure used to determine which particular allergens are responsible for provoking an allergic response. The procedure used depends on the doctor and the patients history. A comprehensive allergen screen at this office involves testing for thirty-eight (38) different allergens that are found in the central Texas region.

Symptoms associated with allergies:

- Skin rashes – eczema (atopic dermatitis) or hives (urticaria)
- Swelling – angioedema
- Sneezing and runny nose – allergic rhinitis (hay fever)
- Teary, red, itchy eyes – allergic conjunctivitis
- Asthma
- Nausea and vomiting – food allergy
- Anaphylaxis – severe allergic reaction, which causes serious breathing problems and can be life threatening
- Darkness under eyes – allergic shiners
- Feeling chronically lethargic/fatigued

Before the Test

It is extremely important that you stay off antihistamines and prohibited medications at least 7 days prior to testing. This will affect the results of the test and testing will have to be rescheduled and you will need to start all over again. Please do not assume anything, if you feel that you might have taken something that could possibly mask the testing response please contact the allergy/immunology clinic with any questions you may have.

The following specific tests are required to determine which allergens are causing the symptoms.

Multi-testing (test code 95004)

A multi-test is a sterile, disposable, plastic multiple test head applicator used to administer allergen to the skin. It provides a quick, convenient, and standardized procedure for initial screening. This deposits a small 4mm size drop of allergen onto the skin. There are 5 sets of 8 different allergens on each multi-test that will be placed on the forearms or on the back for smaller or pediatric patients. The sensation is a mild prick and does not break the skin. This will only last for a few seconds and the allergen will stay in place for 20 minutes.

Intradermal Testing (test code 95024)

After multi-test has been performed; intradermal tests (IDT) will be administered. The IDT is an injection of a small amount of allergen under the skin using the bevel (tip) of the needle. This type of injection will form a raised wheal (bubble). The sensation is similar to a mosquito bite. The intradermals are placed on the upper arm on the deltoid region. After 10 minutes the results will be evaluated.

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Pediatric patients – We recommend the application of EMLA cream. This is a lidocaine based topical cream which causes mild numbness of the testing area. The cream should remain on the testing area for minimum of 30 minutes for effectiveness. If used, this will need to be applied to the skin at the beginning of the testing appointment.

Possible complications - A systemic reaction is a severe allergic response that can happen during the test or 30 minutes after. Even though the chance of systemic response is extremely rare, and it is always a possibility. Systemic reactions occur in less than 1% of patients and they are usually mild.

The following reactions are common and should not be considered as a threat:

- Burning, itching or minimal swelling at the test sites

After the test

The reactions on your arm will be thoroughly evaluated and properly documented for the physician. With conventional allergy testing, the allergy coordinator should have results within 2 hours. Once the offending allergen or allergens are identified, a follow-up appointment with the doctor will be made immediately after testing is completed and the doctor will then recommend a treatment plan.

In conclusion

Allergy testing can help a person suffering from allergies safely and effectively detect which particular substances trigger their symptoms.

If there are any further questions, please call the allergy/immunology clinic at (412) 328-7722.

Thank you,

Allergy/Immunology Department

Lisa Ramirez, Allergy Coordinator – Westlake, (512) 328-7722

Jessica Gregg, Allergy Tech – Cedar Park, (512) 328-7722

Frequently Asked Questions

What is immunotherapy?

Allergen immunotherapy is a form of treatment aimed at decreasing your sensitivity to substances called allergens. These allergens are identified by allergy testing and are the substances that trigger your allergy symptoms when you are exposed to them. Allergen immunotherapy involves increasing amounts of allergen extract to a patient over several months. Immunotherapy has been shown to prevent the progression of the allergic disease from allergic rhinitis to asthma. Allergen immunotherapy can lead to the long-lasting relief of allergy symptoms after treatment is stopped.

Who should be treated with immunotherapy?

Immunotherapy is recommended for allergic asthma, allergic rhinitis, and chronic sinusitis patients. Immunotherapy for food allergies is not recommended. The best option for people with food allergies is to strictly avoid that food. The decision to begin immunotherapy will be based on several factors including:

- Length of allergy season and severity of symptoms
- How well medications and/or environmental controls control allergy symptoms
- Desire to avoid long-term medication use
- Time: immunotherapy will require a significant time commitment
- Cost: may vary depending on insurance coverage

Can children receive immunotherapy?

Six is the youngest recommended age to start immunotherapy in the United States for several reasons, including the difficulties younger children may have in cooperating with the immunotherapy program such as skin testing and weekly injections. Recent studies have suggested immunotherapy may prevent the development of new allergies in children and also may prevent the development of asthma in children who have rhinitis.

There is no upper age limit for receiving immunotherapy. In considering immunotherapy in older persons, consideration must be given to the other medical conditions (such as cardiac disease) that are more frequent in older individuals, which could potentially make immunotherapy more risky.

Where should immunotherapy be given?

Immunotherapy should be given under the supervision of a physician in a facility equipped with proper staff and equipment to identify and treat adverse reactions to allergy injections. Ideally, immunotherapy should be given in the prescribing ENT specialists office.

How does immunotherapy work?

If you are allergic to a substance such as ragweed, you will not overcome your allergy by repeatedly inhaling ragweed into your nose and lungs. So, how can a series of injections that include the substances that trigger your allergies, relieve your allergy symptoms? Allergy immunotherapy works like a vaccine. Your body responds to the injected amounts of a particular allergen, given in gradually increasing doses, by developing an immunity or tolerance to the allergen(s). As a result of these immune changes, immunotherapy can lead to decreased, minimal or no allergy symptoms when you are exposed to the allergen(s) included in the allergy vaccine.

There generally are two phases to immunotherapy: a build-up phase and a maintenance phase.

- **Build-up phase:** involves receiving injections with increasing amounts of the allergens. The frequency of injections during this phase generally ranges from one to two times a week. The duration of this phase depends on the frequency of the injections but generally ranges from three to nine months.
- **Maintenance phase:** this phase begins when the effective therapeutic dose is reached. The effective maintenance dose is different for each person, depending on their level of allergen sensitivity (how allergic they are to the allergens in their vaccine) and their response to the immunotherapy build-up phase. Once the maintenance dose is reached, you will hold at this maintenance dose for a year to achieve full desensitization.
- **The benefits of immunotherapy,** in terms of reduced allergy symptoms, can begin during the build-up phase but may take as long as 12 months on the maintenance dose. Improvement with immunotherapy may be progressive throughout the immunotherapy treatment period.

If there is no improvement after a year of maintenance immunotherapy, possible reasons for failure to respond should be explored. If not apparent reason is found then discontinuation of immunotherapy should be considered and other treatment options should be pursued.

When should immunotherapy be stopped?

If immunotherapy is successful, maintenance treatment is generally continued until allergic symptoms subside. The decision to stop immunotherapy should be discussed your ENT specialist after two or three years of treatment. Some individuals may experience lasting remission of their allergy symptoms, but others may relapse after discontinuing immunotherapy. Therefore, the decision to stop immunotherapy must be individualized.

What are the possible reactions?

There are two types of adverse reactions that occur with immunotherapy: local and/or systemic reactions.

Local reactions: are fairly common and present as redness and swelling at the injection site. This can happen immediately, or several hours after treatment.

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Systemic reactions: are much less common than local reactions. Systemic reactions are usually mild and respond rapidly to medications. Symptoms include increased allergy symptoms such as sneezing, nasal congestion or hives. Rarely, a serious systemic reaction, called anaphylaxis, can develop after immunotherapy injection.