

CRYSTAL CANYON ENT & FACIAL PLASTIC SURGERY
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CRYSTAL CANYON ENT ALLERGY PATIENT VIAL RELEASE:

I authorize Crystal Canyon ENT & Facial Plastic Surgery P.C. to release my allergy vials to my possession.

I understand Crystal Canyon ENT & FPS is released from all liability once the vials are removed from the office; all reactions or complications that occur outside the office are not Crystal Canyon ENT & FPS responsibility.

I understand and agree that all allergy serums are to be kept on ice or in a cool/refrigerated environment at all times. The serums cannot become warm or it may alter their contents adversely.

I understand that only a trained licensed health professional (Medical tech, LPN, RN, PA, Physician) can administer the allergy shot, record the reaction, and that a **physician must be present to supervise**, in case an adverse reaction should occur.

I understand that if any reactions occur after the allergy shot even if I have left practitioners office such as:

1. Difficulty breathing
2. Shortness of breath
3. Tightness in chest or throat
4. Hives
5. Rash
6. Dizziness or faintness
7. Any other adverse or unusual reaction

I will notify the Physician's Office that gave me the allergy shot immediately and go to the nearest Emergency room. These results should be documented in detail by the office giving you your shot and they must notify our office for further instructions.

Patient Name (print): _____

Patient Signature: _____

Witness Signature: _____

Date: _____