



FAIRBANKS FAMILY WELLNESS

We Have the Knowledge to Nurture.

LDI Consent to Treat

Low Dose Immunotherapy (LDI) employs mixtures of pollens, molds, other inhaled allergens, foods, and food additives, chemical and or bacterial extracts. The concentration of the various allergens is very low and reactions to the LDI drops are anticipated to be mild, if any at all. There is a certain amount of guesswork/expertise in choosing the initial starting dose and this is where a person might be expected to have the strongest reaction if the doctor chooses too high of a dose. Depending on your risk tolerance and or sensitivity we will choose a starting dose together. Reactions can include an activation of your allergy symptoms or infection symptoms in the case of Lyme or other viral/bacterial issues. This is self limiting, usually to a few days, but in the worst case scenario could last up to 7 weeks.

Treatments will be given in drops under the tongue and many different allergens can be combined in one dose. Each dose is a tiny amount- 0.04 cc. The dose is held under the tongue for 20 seconds. Doses are given every 7 weeks once we find a core dose that helps your symptoms. Finding a core dose involves giving the initial dose and going up or down based on your reaction or lack thereof.

You will wait in the office after your dose for 20 minutes.

You are free to discontinue your treatment at any time at no further cost. Cost of each LDI allergy mix treatment is 35\$.



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Medical Insurance does not cover the charge for the drops although this can be covered by HSA or FSA if you have one.

Available Alternatives

I am aware or have been made aware of various alternatives to treat my condition(s). These alternatives may include using various types of prescription medicines such as antihistamines, decongestants, asthma medication or others, following strict dietary guidelines, standard immunotherapy injections, acupuncture, homeopathy, or herbal therapy, or finally doing nothing for the treatment of my condition(s).

Warranties

No warranties express or implied are made for the safety of the LDI itself or other treatments prescribed by the doctor.

Waiver of Liability

I _____ understand that my receiving Low dose Immunotherapy (LDI) is completely voluntary. I may discontinue treatment at any time. I have been given the opportunity to ask and have answered all questions about the treatment I have chosen to have administer and understand the risks and benefits of this proposed treatment.

Patient's Name _____ Date _____

3550 Airport Way, Suite 4
Fairbanks, AK 99709
Phone: (907) 479-2331
Fax: (866) 834-0164



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Parent or Guardian's Signature _____

Fairbanks Family Wellness Staff Witness Signature
