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dmvallergy.com

Skin Testing Consent

First Name: _____ Last Name: _____ DOB: _____

Date of Service: _____

Skin testing is a procedure that involves scratch and intradermal testing with a vaccine solution prepared from allergens to which you may be sensitive.

It is always possible that an allergic reaction could follow this testing.

Reactions could be as follows:

- Skin irritation and itching
- Generalized itching or hives
- Wheezing
- Asthma
- Fainting
- Anaphylaxis
- Rarely, death

Although the above statements occur very infrequently, the patient should be aware of the risks.

I acknowledge that I understand the above information and that my questions have been answered to my satisfaction.

Patient signature (Parent/Guardian): _____ Date: _____

Witness (Full Name Printed) : _____ Date: _____

Witness Signature: _____ Date: _____