

## WAIVER AND RELEASE

I \_\_\_\_\_ consent to alternative allergy treatment at the office of Janet Chene M.D.

Unless Dr. Chene is the established primary care physician, she and her employees assume no responsibility for medical conditions requiring the attention of a medical doctor, or necessary adjustments to prescribed medications during or after the completion of treatments.

I understand the unpredictable nature of allergies and related symptoms and that the clinic cannot guarantee any results. The clinic cannot guarantee that new allergies will not develop in the future. While we can treat most forms of allergies, some cases do not respond to the treatment.

I also understand that the only known risk factor with allergy desensitization, (including medical immunotherapy or AAT) is the possibility of increased sensitivity. I assume all responsibility for unpredictable immune reactions which may lead to increased symptomatology. In this event, I agree to seek immediate medical attention.

I understand that the Clinic does not treat cases of anaphylaxis and I agree to fully disclose all information regarding any history of life-threatening allergies (allergies resulting in anaphylaxis or Steven-Johnson Syndrome).

**No, I do not have any life threatening allergies.**

Yes, I have the following allergies that may cause anaphylaxis or Steven-Johnson Syndrome:

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I agree to pay the clinic the standard fee for any and all treatments administered (no billing).

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date