Allergy Test Consent Form

Date: _____

Patient Name: _____

Date of Birth: _____

Address: _____

Contact Number: _____

Procedure Description

I understand that I am being asked to undergo an allergy test, which may involve skin or blood tests to identify potential allergens.

Potential Risks

I acknowledge that I have been informed of the potential risks associated with allergy testing, including but not limited to:

- Skin reactions such as redness or swelling.
- Allergic reactions that could be severe.

Consent

I hereby give my consent to _____ (Provider Name) to perform the allergy test as described above.

I have had the opportunity to ask questions about the procedure and all my questions have been answered to my satisfaction.

Patient Signature: _____

Date: _____

For Minors

If the patient is under 18 years of age, a parent or guardian must sign:

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____