



## Acknowledgement of Epi-pen Instruction

I, \_\_\_\_\_ (print name/DOB), have received a prescription from my doctor for an Epi-pen prior to my Allergy Testing to have available after testing and during immunotherapy. I brought my Epi-pen with me today as instructed. Before my Allergy Testing, I was shown how to use the Epi-pen correctly.

I have been given a chance to ask whatever questions I had regarding the right way to use the Epi- pen and my questions have been answered to my satisfaction.

**Patient /Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_