



Name: _____

MRN: _____ DOB: _____

Acknowledgement of Epinephrine Instruction

I, _____ (print name) have received a prescription from my provider for an epinephrine auto-injector prior to beginning immunotherapy to have available for the duration of my treatment. I have brought my epinephrine auto-injector with me today as instructed. I was shown how to use it correctly.

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

Patient/Guardian Signature: _____ Date: _____