# Test Dose / Sensitivity Test Protocol

Indication-based same-day testing — clinical, patient, and operational guidance

*Staff Training Reference · NPs, Injectors, Front Desk, Remote Coordination · Dr. V Aesthetics, PLLC · Vaidehi Patel, MD*

## 1 WHY THIS PROTOCOL EXISTS

This isn't a workaround to 'not lose revenue.' It's what happens when we build the safest, most patient-centered version of the visit — and the byproduct is that we stop losing patients to unnecessary second appointments.

| PRINCIPLE | EXPLANATION |
|---|---|
| **A test dose is not a treatment** | It's a safety check. If a patient leaves after only a test, the visit hasn't been completed. Deferral creates a second decision point — and second decision points are where patients back out. Anxiety grows once a patient leaves the office. |
| **Indication-based testing is more rigorous, not less** | Routine test-dosing everyone with no real risk factor is not more careful — it's less. Reserving test doses for patients with an actual indication is the correct clinical practice. |
| **Safe and profitable are the same move** | A same-day, indication-based test dose is both the safer clinical path and the better patient experience — it just has to be executed as one well-designed visit instead of two. |

> **The standard:** We are never choosing between 'safe' and 'profitable.' Observe for a true reaction, then proceed same-day if there's no concerning response and the patient still consents.

## 2 RISK TIERS — How to Route Every Patient

| TIER | PATIENT PROFILE | TEST DOSE? | SAME-DAY TREATMENT? | COST |
|---|---|---|---|---|
| **A** | No allergy history. No prior reaction. General nervousness or curiosity only. Q11 = 'general precaution.' No risk factors on screening questionnaire. | **No — proceed as normal** | **Yes** | **$0** |
| **B** | Prior reaction to filler, neurotoxin, or hyaluronidase. Significant allergy history (bee/wasp, anaphylaxis, asthma/eczema). High anxiety with real risk factor present. Q11 = 'specific past reaction.' | **Yes — test dose as part of one same-day visit** | Yes, if no reaction during observation | **$0 same-day $50 if deferred** |
| **PAUSE** | Anaphylaxis history. Reaction requiring epinephrine, ER, or hospitalization. Uncertainty about which product caused a past severe reaction. | **Do not test without provider review** | **Provider assessment required before any treatment** | **TBD** |

## 3 TALKING TO PATIENTS — Scripts by Stage

### A. Lead / Booking Stage — SMS, phone, online inquiry, before any clinical triage

**STANDARD RESPONSE — patient asks about testing:**

*"That's a really common question, and it's exactly why we build it into the visit itself rather than making you come in twice. If you've had any reaction before or have a specific allergy history, we'll do a quick test right there in your appointment, watch for a few minutes, and then go ahead with your treatment the same day — no extra charge, no separate trip back in. If you haven't had any reaction before, most patients don't need a test at all, but we're happy to walk through your history when you come in."*

**IF PATIENT INSISTS ON TESTING REGARDLESS:**

*"Totally understandable — we can absolutely do that for you. It'll be part of your visit, and as long as everything looks good, we'll move right into your treatment the same day."*

**IF PATIENT ASKS ABOUT COST:**

*"No extra charge if you complete treatment that day — the test is just part of the visit. It's only if you'd want to test on one day and come back separately that there's a small $50 fee for the test itself."*

### B. In-Office — NP or Injector to Patient

**FRAMING THE VISIT (Tier B patient):**

*"Because you mentioned [X / this is your first time with this product], I want to do a small test first so we can both feel confident. We'll do the test, watch for about 15–20 minutes, and if everything looks good and you're still comfortable, we'll go ahead and complete your treatment today — so you're not making a separate trip back in, and there's no extra charge for the test either way."*

**IF PATIENT ASKS 'WILL THIS COST ME ANYTHING?':**

*"If you move forward with treatment today, there's no extra charge for the test — it's part of the visit. If you'd rather come back another day, there's a $50 fee for the test dose itself."*

## 4 SCREENING QUESTIONNAIRE — AR Portal (Patient-Facing)

Each question is a standalone Yes/No field with a text follow-up where noted. Questionnaire is completed by the patient in the AR portal before the visit.

| Q # | QUESTION | FOLLOW-UP IF YES |
|---|---|---|
| 1 | Have you ever had a reaction to filler, neurotoxin (Botox, Dysport, Xeomin, Jeuveau), or hyaluronidase? | *Please describe what happened.* |
| 2 | If yes above — how soon after treatment did the reaction occur? | *Within minutes / Within hours / 1+ days later* |
| 3 | If yes above — did you receive any treatment for the reaction (antihistamine, epinephrine, ER visit)? | *Please describe.* |
| 4 | Do you know which specific product or brand caused the reaction? | *Text, optional* |
| 5 | Do you have a known allergy to bee or wasp stings? | — |
| 6 | Are you allergic to any medications, including local anesthetics (e.g., lidocaine) or antibiotics? | *Please list.* |
| 7 | Do you have a personal history of anaphylaxis, asthma, or eczema? | — |

| | | |
|---|---|---|
| 8 | Have you ever had a skin reaction, burn, or unusual pigment change from a prior laser or light-based treatment? | *Please describe.* |
| 9 | Are you currently taking any blood thinners, aspirin, or regular NSAIDs? | — |
| 10 | Are you currently pregnant or breastfeeding? | — |
| 11 | Is there a specific past reaction driving this request, or would you describe it as general precaution/anxiety? | *Specific past reaction / General precaution* |
| 12 | If your test dose looks good today, would you like to proceed with your full treatment the same day? | **Yes/No — flag 'No' before appointment; needs $50 deferred-test pathway, not a same-day slot.** |

### How to Interpret the Questionnaire — staff/provider only, not patient-facing

| ANSWER PATTERN | INTERPRETATION |
|---|---|
| **Yes on Q1, Q5, or any real risk factor** | **Tier B** — test dose indicated. Plan for same-day observation and treatment. |
| **Yes on Q3 with epinephrine / ER / hospitalization, or reaction consistent with anaphylaxis** | **PAUSE** — discuss with provider before proceeding at all. Do not treat as routine Tier B. |
| **No on Q1–Q9, Q11 = 'general precaution,' no other risk factors** | **Tier A** — no test dose needed. Proceed with standard treatment and consent. |
| **Q12 = 'No'** | Flag before appointment. This patient needs the $50 deferred-test pathway, not a same-day slot. Do not discover this at check-in. |

## 5 CONSENT

| REQUIREMENT | DETAIL |
|---|---|
| **One consent covers all modalities** | A standalone test dose consent covers: Hylenex/hyaluronidase, neurotoxin, HA filler, PLLA (Sculptra), CaHA (Radiesse), laser, and IPL. Staff selects which product(s) apply to today's visit — no need for multiple product-specific forms. |
| **Electronic signature** | Signed electronically in AR portal, in addition to (not instead of) the primary treatment consent for the full-service portion. |
| **Timing** | Must be signed before the test dose is performed — every time a test dose is indicated, regardless of whether the patient has been treated here before. |
| **What the consent covers** | Purpose and procedure · Risks of the test dose itself · Risk of allergic/hypersensitivity reaction · What a negative test does NOT guarantee (including delayed reactions and cross-product/lot assumptions) · The $0/$50 financial terms · Alternatives · Standard legal language (financial responsibility, good-faith resolution, binding arbitration, release/hold harmless, e-signature consent). |
| **Hard rule** | **Do not proceed with a test dose without this consent on file — even for an established patient. This is a distinct procedure from their standing treatment consent.** |

## 6 CLINICAL PROTOCOL & OBSERVATION STEPS

| STEP | ACTION |
|---|---|
| **1 Triage** | At intake/consult: confirm prior reaction history, allergy history (especially bee/wasp for hyaluronidase), and distinguish general nervousness from a specific prior adverse event. |
| **2 Route** | Assign risk tier (see Section 2). Tier A: proceed with standard visit. Tier B: plan for test dose + same-day completion. PAUSE: discuss with provider before any treatment. |
| **3 Observe** | **Minimum 15–20 minutes** for standard-risk patients. Extend toward 30 minutes for patients with prior significant reaction history or higher-risk profile. True immediate hypersensitivity reactions typically present within this window — same-day observation is the safer design, not open-ended deferral. |
| **4 Proceed or Stop** | **No reaction:** Re-confirm patient still wants to proceed. Complete treatment that day. Document per dot phrase. **Reaction occurs:** Stop immediately. Do not treat that day. Follow standard complication escalation protocol. Document thoroughly. |
| **5 Document** | Use dot phrase **.testspot** — see Section 7. Every test dose, every time. |

> **Important:** A negative test dose does not rule out a delayed reaction appearing hours to days later. This is disclosed to the patient in both the consent and post-care instructions.

## 7 DOCUMENTATION — Dot Phrase .testspot

Use this template for every test dose performed. Fields are typed answers — no checkboxes. Built for AR text fields.

```
Patient: _____ DOB: _____ Date of Visit: _____
Provider/Injector: _____

1. Screening Summary
Risk tier (A or B): _____
Risk factor identified (write 'None' if routine tier): _____

2. Test Dose Performed
Product/device tested: _____
Lot #: _____
Site of test: _____
Rationale for test dose: _____

3. Observation
Observation start time: _____
Observation end time: _____
Findings during observation (write 'No reaction' or describe): _____

4. Patient Consent to Proceed
Continued consent confirmed after observation (Y/N): _____
If N, reason: _____

5. Outcome (write one: Completed same day / Deferred / Referred)
Outcome: _____
If completed same day, product/service performed: _____
If deferred, reason: _____
```

```
If referred, details: _____

6. Billing (write $0 or $50)
Amount charged: _____

Provider signature: _____ Date/time: _____
```

## 8 PRICING

| SCENARIO | CHARGE | BILLED AS |
|---|---|---|
| **Test dose + treatment completed same day (expected outcome)** | **$0** | Included in standard treatment price — no separate line item |
| **Test dose only — treatment deferred to a later day** | **$50 flat fee** | Charged at time of service. Covers product + clinician time. Collected before patient leaves — do not let visit close without payment. |

**Why this structure:** Folding the test into the treatment price when same-day avoids 'am I being charged extra to prove I'm not allergic' framing. A flat $50 for a test-only visit covers cost without being open-ended and gives front desk a clean, consistent answer.

## 9 FRONT DESK — Return Visit Protocol

**■ PRE-PAY BEFORE THE PATIENT LEAVES THE BUILDING — every time. Do not let a return visit end with 'we'll get you scheduled and you can pay when you come in.'**

| SITUATION | ACTION |
|---|---|
| **Deferred test dose return visit** | Collect $50 before patient leaves. This serves as both the deposit and payment. Frame as normal: 'Let's go ahead and get you set up for your treatment visit now so it's already taken care of — that way you don't have to think about it when you come back in.' |
| **Any return visit (not just allergy)** | Pre-pay applies to every reason a patient is returning — not just test-dose situations. Financially commit the visit before the patient walks out. |
| **Refunds / credits** | If provider declines to proceed, or patient declines at follow-up — handle per standard refund policy. Pre-pay is about committing the visit, not making it non-refundable. |
| **Documentation** | Note in chart/CRM: return visit was pre-paid and reason for return. Anyone touching the appointment afterward has context without re-asking the patient. |

## 10 POST-CARE INSTRUCTIONS — Given to Patient After Test Dose

| WHAT'S NORMAL | WHAT TO DO |
|---|---|

| | |
|---|---|
| • Small bump, redness, or mild swelling at test site — settles within hours to a day<br>• Slight tenderness or itching<br>• A tiny bruise | • Cold compress 10–15 min if swollen or tender<br>• Avoid touching or scratching the site<br>• No strenuous exercise, alcohol, or excessive sun/heat today<br>• Acetaminophen if needed — avoid ibuprofen/aspirin unless already in routine |

| CALL THE OFFICE IF: | GO TO ER / CALL 911 IF: |
|---|---|
| • Swelling/redness/itching spreads beyond the test site<br>• Symptoms worsen after the first 24 hours<br>• Hives or rash develop anywhere<br>• Signs of infection: warmth, pus, red streaking, fever | **• Difficulty breathing or swallowing**<br>**• Swelling of lips, tongue, throat, or face**<br>**• Dizziness, fainting, or rapid heartbeat**<br>**• Widespread hives with any of the above** |

**Timing note for patients:** Most true allergic reactions show up within the first 20–30 minutes, which is why in-office observation happens before treatment. But some skin reactions can appear hours to days later. If anything feels off in that window, call rather than wait it out.

## 11 PROVIDER PRE-TEST-DOSE QUESTIONS — Verbal, at Time of Service

These supplement the AR questionnaire. Ask verbally before performing any test dose.

| ALL PATIENTS | PRODUCT-SPECIFIC |
|---|---|
| • 'What's making you want to test first — a specific past reaction, or just wanting extra reassurance?'<br>• 'If everything looks good after the test, are you planning to go ahead with treatment today?' (confirm before blocking time) | **Hyaluronidase:** 'Any known bee or wasp sting allergy?'<br>**Neurotoxin:** 'Have you had a reaction to a specific brand — Botox, Dysport, Xeomin, or Jeuveau?'<br>**Laser/IPL:** 'Have you had any skin reaction, burn, or unusual pigment change from a prior treatment?' |

**■ RED FLAGS — pause and discuss with provider before proceeding at all: • History of anaphylaxis to any listed substance • Reaction that required epinephrine, ER visit, or hospitalization • Uncertainty about which product caused a past reaction, combined with a severe reaction type**

## 12 QUICK REFERENCE

| SITUATION | TEST DOSE? | SAME-DAY TX? | COST |
|---|---|---|---|
| **No allergy history, routine anxiety** | **No** | Yes — proceed as normal | **$0** |
| **Prior reaction to filler/neurotoxin/hyaluronidase** | **Yes** | Yes, if no reaction on observation | **$0 same-day $50 if deferred** |
| **Significant bee/wasp allergy (hyaluronidase)** | **Yes** | Yes, if no reaction on observation | **$0 same-day $50 if deferred** |

| | | | |
|---|---|---|---|
| **High anxiety, no real risk factor, patient insists** | Discuss — consider yes to build trust | Yes — plan for same-day regardless | **$0 same-day $50 if deferred** |
| **Anaphylaxis / ER history / severe unknown reaction** | **PAUSE — provider review first** | **Do not treat until provider clears** | **TBD** |