

Allergen Immunotherapy Order Form

For your patient's safety and to facilitate the transfer of allergy treatment to our clinic, this form must be completed to provide standardization and prevent errors. Failure to complete this form will delay or prevent the patient from utilizing our services. Form can be delivered by the patient, mailed, or faxed (see address and fax above).

Patient Name: JMU Student Date of Birth: 11/11/2003

Physician: Dr. Switzer Office Phone: 540-568-6178 Secure Fax: 540-568-6176

Office Address: 724 South Mason St. Harrisonburg, VA 22807

PRE-INJECTION CHECKLIST:

- Is student required to have epi-pen with them at time of injection? NO YES
- Is student required to have taken an antihistamine prior to injection? NO YES

INJECTION SCHEDULE:

Begin with 1:10,000 (dilution) at 0.1 ml (dose) and increase according to the schedule below.

Dilution	1:10,000	1:1000	1:100	1:10	1:1
Vial Cap Color	silver	green	blue	yellow	red
Expiration Date(s)	12/31/25	12/31/25	12/31/25	12/31/25	12/31/25
	0.1 ml	0.1 ml	0.1 ml	0.1 ml	0.05 ml
	0.2 ml	0.2 ml	0.2 ml	0.2 ml	0.1 ml
	0.3 ml	0.3 ml	0.3 ml	0.3 ml	0.15 ml
	0.4 ml	0.4 ml	0.4 ml	0.4 ml	0.2 ml
	0.5 ml	0.5 ml	0.5 ml	0.5 ml	0.25 ml
	ml	ml	ml	ml	0.3 ml
	ml	ml	ml	ml	0.35 ml
	ml	ml	ml	ml	0.4 ml
	ml	ml	ml	ml	0.45 ml
	Go to next Dilution	Go to next Dilution	Go to next Dilution	Go to next Dilution	0.5 ml

MANAGEMENT OF MISSED INJECTIONS: (According to number of days from **LAST** injection)

During Build-Up Phase	After Reaching Maintenance
<ul style="list-style-type: none"> ▪ <u>2</u> to <u>10</u> days – continue as scheduled ▪ <u>11</u> to <u>15</u> days – repeat previous dose ▪ <u>16</u> to <u>20</u> days – reduce previous dose by <u>0.1</u> (ml) ▪ <u>21</u> to <u>30</u> days – reduce previous dose by <u>0.2</u> (ml) ▪ Over <u>30</u> days – contact office for instructions 	<ul style="list-style-type: none"> ▪ <u>7</u> to <u>13</u> days – give same maintenance dose ▪ <u>2</u> to <u>3</u> weeks – reduce previous dose by <u>0.1</u> (ml) ▪ <u>4</u> to <u>5</u> weeks – reduce previous dose by <u>0.2</u> (ml) ▪ Over <u>5</u> weeks – contact office for instructions

REACTIONS:

At next visit: Repeat dose if swelling is > 25 mm and < 50 mm.
Reduce by one dose increment if swelling is > 50 mm.

Other Instructions: _____

Physician Signature: Duke Dag, MD

Date: 00/00/0000