

SAMPLE FORM

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. This form can be delivered by the patient, mailed, or faxed to our office.

Patient Name DOE, JOHN Date of birth 1/1/2000
 Ordering Allergist DR. POLLEN Office phone 555-111-1111 Fax 555-111-1110
 Office address 1 UNIVERSITY AVE, ANYWHERE, NJ 07000

I. PRE-INJECTION CHECKLIST

Is peak flow required prior to injection? NO YES If yes, peak flow must be > 300 to give injection.
 Is the patient required to take an antihistamine prior to injection? NO / YES
 Is the patient required to have an EpiPen at the time of injection? NO YES
 Length of time patient must wait in office following injection 20 MIN

II. INJECTION SCHEDULE - COMPLETE ONE FORM FOR EACH VIAL/ANTIGEN

Date of last injection 8/1/23 Dose of last injection 0.1 ml
 Begin with 1:10,000 (dilution) at 0.2 ml and increase every WEEK according to schedule below:

| Dilution | 1:10,000 | 1:1,000 | 1:100 | 1:10 | 1:1 |
|------------|---------------------|---------------------|---------------------|---------------------|---------------------|
| Contents | DUST MITES | DUST MITES | DUST MITES | DUST MITES | DUST MITES |
| Color Vial | SILVER | GREEN | BLUE | YELLOW | RED |
| Exp date | 12/31/23 | 12/31/23 | 12/31/23 | 12/31/23 | 12/31/19 |
| | 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 | Go to next dilution |

0.5 ml

III. MANAGEMENT OF MISSED INJECTIONS (according to number of days since LAST injection)

| During <u>Build Up</u> phase | After reaching <u>maintenance</u> |
|---|---|
| <u>2</u> to <u>10</u> days continue as scheduled | <u>7</u> to <u>13</u> days give same dose |
| <u>11</u> to <u>15</u> days repeat previous dose | <u>2</u> to <u>3</u> weeks reduce by ___ ml |
| <u>16</u> to <u>20</u> days reduce by ___ ml | <u>4</u> to <u>5</u> weeks reduce by ___ ml |
| Over <u>21</u> days-contact office for instructions | |

IV. REACTIONS (instructions for next visit)

Repeat dose if wheal is > 25 mm and < 50 mm Reduce dose by one increment if wheal is > 50 mm
 Other instructions: NOTE DOSAGE CHANGE FOR RED VIAL

Allergist Signature: Dr. Pollen Date: 8/1/23