

Referring Allergist Agreement

Instructions for the Referring Allergist:

- Review **Referring Allergist Agreement** (below)
- Complete and sign **Allergen Immunotherapy Order Form**
- Review our **Allergy Clinic Policies and Procedures**, which includes our protocol for management of anaphylaxis and systemic reactions.

Allergist Agreement

My patient is requesting the Indiana University Student Health Center (SHC) administer allergy extracts provided by my office.

I agree to the following:

- I will provide allergen immunotherapy extract in adequately labeled* vials for administration at SHC.
*Patient name, antigen(s) name, dilution, expiration date
- I will provide detailed directions regarding dosage schedule for buildup phase and/or maintenance by **completely** filling out the **Allergen Immunotherapy Order Form** provided by SHC.
- I will provide detailed directions regarding dosage/schedule adjustments that might be necessary due to patient missing scheduled injections or due to local or systemic reactions by **completely** filling out the **Allergen Immunotherapy Order Form** provided by SHC.
- I will continue to be responsible for the management of this patient's immunotherapy and for the modification of doses during therapy.
- I will be available by phone to the nurses and providers at SHC should questions or problems arise with this patient's immunotherapy.
- I understand that SHC requires **all** patients to have an **Epi Pen** with them in order to receive their allergy injections.
- I have read the SHC **Policy and Procedures for Allergy Immunotherapy** including the protocol for management of anaphylaxis and systemic reactions and agree that they provide adequately for the care and safety of my patient. healthcenter.indiana.edu Click on **About → Patient Policies → Need Allergy Shots?**