

Allergen Immunotherapy Order Form (Rev 1/5/26)

Patient Name:	Date of Birth:
Allergist:	Office:
Address:	
Phone:	Fax

DIAGNOSIS CODES: _____

PRE-INJECTION

Is student required to take an antihistamine prior to injection? NO YES

Can student receive a vaccine the same day as an allergy injection? NO YES

INJECTION SCHEDULE:

First dose at health center should be _____ (dilution) at _____ mL (dose) if given by _____ (date) and increase according to the schedule below.

***Please indicate at what vial/dose NEW serum should be ordered: _____.**

Vial Name					
Dilution					
Vial Cap Color					
Expiration:					
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml
Go to next Dilution					

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

<i>During Build-Up Phase</i>	<i>After Reaching Maintenance</i>
• __ to __ days – continue as scheduled	• __ to __ days – give same maintenance dose
• __ to __ days – repeat previous dose	• __ to __ weeks – reduce previous dose by __ (mL)
• __ to __ days – reduce previous dose by __ (mL)	• __ to __ weeks – reduce previous dose by __ (mL)
• __ to __ days – reduce previous dose by __ (mL)	• Over __ weeks – contact office for instructions
• Over __ days – contact office for instructions	

REACTIONS:

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

**SYSTEMIC REACTION CALL ALLERGIST

Other Instructions: _____

Physician Signature:

Date: