BUTLER UNIVERSITY

OFFICE *of* HEALTH SERVICES

530 W. 49th Street | Indianapolis, Indiana 46208 | 317-940-9385 | Fax: 833-520-5046 |

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 error. Your patient **CANNOT** receive their injections at our facility until this form has been completed and received by fax or mail. Additionally, Butler Health Services does not accept hand-carried medications and I agree to ship my patient's allergy extract from a Medical Provider's office.

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

PRE-INJECTION CHECKLIST:

- Is peak flow required prior to injection? NO □ YES □ **If yes,** peak flow must be > ______L/min to give injection.
  - NOTE: Peak flow meter **must** be brought in by student.
- Is patient required to have taken an antihistamine prior to injection? NO □ YES □
- Patient is required to wait 30 minutes after injection.
- Patient is REQUIRED to have an Epi Pen or Auvi-Q with them in order to receive their injection at our clinic.
- Patient is required to have a: □ Provider (NP, PA, etc.) □ Physician (MD/DO) on site during injections.

INJECTION SCHEDULE/BUILD-UP SCHEDULE

Date/Dose of last injection: ______ Begin with _____ (dilution) at_______(ml) and increase according to the schedule below.
Frequency__________
Once maintenance dose of ________ml is reached, repeat every ______to ______ days/weeks. *Please indicate when NEW serum should be ordered____________

If patient has an extended or complicated build up schedule, please use the "Extended Build-Up Schedule"

Vial/Cap Color					
Dilution					
Content					
Expiration Date	/ /	/ /	/ /	/ /	/ /
Alternate Injection site Each visit □Yes □No	**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	Go to next dilution	Go to next dilution	Go to next dilution	Go to next dilution

MANAGEMENT OF MISSED DOSES: (According to # of days from **LAST** injection)

During Build-Up Phase	**After Reaching Maintenance**
▪ _____ to _____ days-continue as scheduled	▪ _____ to _____ days-give same maintenance dose
▪ _____ to _____ days-repeat previous dose	▪ _____ to _____ days-reduce previous dose by _____ (ml)
▪ _____ to _____ days-reduce previous dose by _____(ml)	▪ _____ to _____ days-reduce previous dose by _____ (ml)
▪ _____ to _____ days-reduce previous dose by _____(ml)	▪ Over _____ days-contact office for written instructions
▪ Over _____ days-contact office for written instructions	▪ Date these instructions no longer valid: ____/_____/_____

REACTIONS:

At next visit: Repeat dose if wheal >________ mm. Repeat dose if redness > _____mm.
Reduce by one dose increment if wheal is >_______mm. Reduce by one dose increment if redness is >______mm.

Other Instructions:____

Provider Signature: ____ Date: __________________________

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

Immunotherapy Extended Build-Up Schedule

Dilution/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**	**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**	**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	Go to next dilution	Go to next dilution	Go to next dilution	Go to next dilution	Go to next dilution	Maintenance