



To Whom It May Concern,

Your patient, _____, is requesting that Falcon Health Center located in Bowling Green, Ohio administer their allergy serum injections prescribed by you. Injections are always administered by one of our trained clinical staff members (RN, LPN, or MA). There is a provider (MD, PA-C, or CNP) available onsite during administration hours should any reactions occur.

All ordering information as it relates to allergy injections must come from you as the patient's ordering provider. This includes:

- 1. Dosing Strength**
- 2. Dosing Intervals**
- 3. Adjustments for Building, Maintenance, and Late Protocols**
- 4. Reaction Treatment and Adjustment Protocols**
- 5. Process for Ordering New Vials**

Please return this form at your earlier convenience. Be aware that any delay in returning the following form may result in a delay of care for the patient. First appointments for allergy injections at Falcon Health Center cannot be scheduled until **ALL** forms are completed, signed, and returned, and allergy serums have been received. It is the policy of Falcon Health Center that all written and signed orders need to be reviewed and updated each year. Failure to do so may result in a delay of care.

If questions arise that are not answered by the information you have provided, we will contact you for further instructions. When developing your orders for this student, please keep in mind times such as academic breaks, when your patient will not be at the university, and instruct him/her accordingly.

Please be aware that Falcon Health Center is not responsible for breakage, loss, or damaged medication. We look forward to assisting you in caring for your patient. Thank you for your cooperation.

Signed,

Falcon Health Center
838 E. Wooster St
Bowling Green, Ohio 43402
(phone) 419-372-2271
(fax) 419-354-3216



Patient Information Sheet and Order form for Administration of Allergy Serum

(Please include most recent shot record with serum)

Name _____ DOB _____ Current Date _____

1. Last known injection: Date _____ Dose _____ Concentration _____

2. Is patient at **MAINTENANCE** or **BUILDING** (Circle one)

3. Building Schedule

Increase each dose according to the schedule below, every _____ to _____ days (minimum to maximum) until maintenance dose of _____ ml is achieved.

**** If patient has an extended or complicated build up schedule, please attach a detailed order form ****

[illegible]

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4. **Maintenance** - Once a maintenance dose of _____ ml is achieved, then continue injections every _____ to _____ days (minimum to maximum) until vial is empty.

*** See below for late/missed dose schedule management ***

5. **New maintenance vials:** When starting a new maintenance vial (**not** a change in concentration), decrease first dose of new vial by _____ ml and build back up to maintenance dose by _____ ml every _____ to _____ days (minimum to maximum). Then continue with maintenance dosing guidelines as outlined above.

6. **Late shots:** We recognize that sometimes students are unable to keep the recommended shot schedule due to illness, travel, negligence, or other circumstances. To expedite your patients care, please refer to the below guidelines FHC uses to address late or missed appointments

For late injections: time since last injection, d (wk)

Less than or equal to 14 (<2): Increase volume per build up schedule

15-28 (2-4): Repeat volume of last dose

29-35 (4-5): Decrease volume by 1 dose

36-42 (5-6): Decrease volume by 2 doses

43-49 (6-7): Decrease volume by 3 doses

50-56 (7-8): Decrease volume by 4 doses

Greater than 57 (8): Consult with Allergist.

7. **Pre-medications** (circle one):

NOT RECOMMENDED

RECOMMENDED

REQUIRED

If **REQUIRED**, please list medications required: _____

8. Is the patient required to carry an Epi-Pen? **YES** **NO** (circle one)

9. Waiting time recommendation after injection? _____ mins

Note: a patient receiving allergy injections at the Falcon Health Center is required to wait at least **20 minutes** after receiving each injection.

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10. **Reactions** - Instructions for adjustment of dosage following a local reaction (whether patient is at building or maintenance dosing):

Area of induration:	Recommended Adjustment
Redness with no associated swelling	
Swelling up to 10mm (Pea-Sized)	
Swelling up to 15mm (Dime-Sized)	
Swelling up to 20mm (Nickel-Sized)	
Swelling up to 25mm (Quarter-Sized)	
Notify prescribing Physician if induration is >_____mm	
** Subsequent injections will then follow build-up dosing schedule	

Please list any additional instructions:

Contact person at allergy office for any questions or concerns regarding allergy injections:

Name: _____ Phone Number: _____

Physician's Signature (Mandatory)

Date

Physician's Name (Printed)

Date