MEDICAL RECORD	ALLERG	1. CHECK APPR NEW REFILL	ALOW!				
2. FINAL CONCENTRATION BELC	DW STATED IN Pro	otein Nitrogen Unit (PNU)/ml	Weight/Volui	me (WT/VOL	_) Allergen U	Jnit (AU)/ml is:	
The total of individual antigens and	diluent must add up to	10 ml. The total vial volume is 10	ml.				
3. Please list the most dilute vial a							
		d 4 years, after which a new prescr	iption must be	e issued by a	an authorized prescrib	oer.	
3A. PREVIOUS TREATMENT PROG DISCOUNTED	RAMS WILL BE	3B. EXPLAIN					
YES	□NO						
4. ALLERGEN CONTENTS	4A. ML EXTRACT 4B. CONC	4C. ALLERGEN CONTENTS	4D. ML EXTRACT	4E. CONC	4F. ALLERGEN CC	ONTENTS 4G.	ML ACT 4H. CONC
					DILUENT		
		COMPLETE ITEMS 5 THROUGH 9	FOR REFILLS	ONLY			
5. VIALS REQUESTED (List vial nur	mber and strength)				6. ASTHMA S	_	NO
7. PRESCRIPTION NUMBER					8. SYSTEMIC REACTION HISTORY YES NO		
9. DATE OF LAST DOSE (Mo., Day, Yr.)		B. AMOUNT (e.g., 0.1 ml)			PNU/ML	9D. STRENGTH WT/VOL. AU/ML	
9A. CURRENT INTERVAL (Weeks)		9C. VIAL NUMBER			T NO/IVIL	WITTOOL.	IO/IVIL
10. PATIENT'S ADDRESS		11. SEND EXTRACT TO				12. [ATE ORDERED
TELEPHONE HOME WORK							

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; SSN; DOB; sex; treating facility)

ALLERGEN EXTRACT PRESCRIPTION NEW AND REFILL

Medical Record

SPECIFIC INSTRUCTIONS

- A. PHYSICIAN MUST ALWAYS BE IMMEDIATELY AVAILABLE IN THE CLINIC AREA.
- B. ALL PATIENTS MUST REMAIN IN THE CLINIC AT LEAST 30 MINUTES AFTER AN INJECTION.
- C. Use a 26-28 gauge needle and give the subcutaneous injection into the lower deltoid area.
- D. Record date, dosage, and any reaction on a separate immunotherapy form.
- E. GRADING AND MANAGEMENT OF REACTIONS:
 - (1) Negative (swelling up to 15 mm; i.e., dime size) progress according to schedule.
 - (2) "A" (swelling 15-20 mm; i.e., dime to nickel size) repeat the same dosage.
 - (3) "B" (swelling 20-25 mm; i.e., nickel to quarter size) return to the last dosage which caused no reaction.
 - (4) "C" (swelling persisting more than 12 hours or over 25 mm; i.e., quarter size or larger) decreased dosage by 50%.
 - (5) Systemic reactions (hives, sneezing, generalized itching, asthma, difficulty breathing, or shock) may be controlled by immediately placing a tourniquet above the injection site, and giving up to 0.01 ml/kg of 1:1000 epinephrine up to 0.50 ml every 10-20 minutes subcutaneously. NOTIFY THE PHYSICIAN! For the average adult give 0.10 ml 1:1000 epinephrine subcutaneously in the injection site and 0.20 ml of 1:100 epinephrine in the other arm. Generally the allergen extract dose is reduced to 1/3 the last dosage that caused no systemic reaction and repeated 3 times before increasing dose. If the injections cause repeated reactions or are suspected of causing delayed symptoms repeatedly, or if reactions prevent progression of treatment, please contact the medical facility below for further instructions.
- F. IF THE PATIENT MISSES THE SCHEDULED INJECTION BY:

Up to 7 days late, increase according to schedule. 8 to 14 days late, repeat the last dose.

15 to 21 days late, reduce dose by 25%.

22 to 28 days late, reduce dose by 50%.

29 to 42 days late, reduce dose by 75%.

43 to 56 days late, reduce dose by 90%.

In a patient with a history of previous shot reactions, severe asthma or severe cardiac disease, the dose may need to be decreased even more. If in doubt, contact the medical facility below.

If patient misses his/her scheduled injection by over 8 weeks, contact the medical facility below!

- G. If newly informed that patient is pregnant or on beta blockers, notify medical facility below for instructions.
- H. REFILL EXTRACT PRESCRIPTIONS: When starting a new treatment vial, recommend a minimum of 40% reduction in initial dose.

RECOMMENDED TREATMENT INSTRUCTION: Progress treatment using one vial at a time starting with the lowest numbered vial. When the schedule for each vial is completed, go to the next higher vial. 13B. DAYS BETW. SHOTS 13C. SCHEDULE 13. VIAL NO. 13A. PNU/ml., WT/VOL, AU/ml CONTENT (See below) 13D. When the maximum tolerated dose or a dose ml of vial has been achieved, injections should be administered every weeks. An exception to this is during the period when injections should be administered every weeks. SCHEDULE B SCHEDULE C SCHEDULE D SCHEDULE E SCHEDULE F (Custom Schedule) SCHEDULE A 0.05 ml 0.05 ml 0.05 ml 0.05 ml 0.05 ml 0.30 ml 0.10 ml 0.25 ml 0.10 ml 0.20 ml 0.10 ml 0.15 ml 0.10 ml 0.07 ml 0.35 ml 0.40 ml 0.20 ml 0.10 ml 0.60 ml 0.40 ml 0.30 ml 0.15 ml 0.45 ml 0.20 ml 0.60 ml 0.40 ml 0.30 ml 0.40 ml 0.20 ml 0.50 ml $0.50 \, \text{ml}$ $0.25 \, ml$ 0.50 ml **CUSTOM EXTRACT LABEL OR REMARKS**

14A. NAME OF MEDICAL FACILITY 14B. TELEPHONE NUMBER