August 2009
Dear Physician,

In order to administer allergy injections to your patient with the highest degree of safety, we ask that you complete the attached form and return it to us along with your regular doctor’s order sheet. All forms, orders, and serum labels must be completed in legible English. If it is necessary to call your office for orders we must receive the written orders promptly, our fax is 215-746-1032.

We cannot administer allergy injections to your patient until this form is received.

Thank you for your assistance,

Allergy Nurse
Student Health Services
University of Pennsylvania
3535 Market Street, Suite 100
Philadelphia, PA 19104-3376

Attachment: Allergy form
Name of Patient:
Date of Birth:

DATA REQUIRED FOR STUDENTS RECEIVING ALLERGY INJECTIONS
This section to be completed by physician
1. Diagnosis:

2. Known pertinent medical history (including history of significant reactions to serum):

3. Summary of sensitivities:

4. Composition & dilutions of serum(s) (i.e. trees, dust mites, etc.) & expiration date(s):

5. Dosage and frequency/injection schedule:

6. Directions for care:
   a. If local reaction occurs:
   b. If systemic reaction occurs:

7. If patient is late for scheduled injection, maximum length of time without dosage change:
   a. If on increasing dose:
   b. If on maintenance dose:

Name of outside physician responsible for care of patient (PLEASE PRINT):

Physician’s signature: ___________________________ Date: ____________
Address:

Phone: (    ) Fax: (    )
Time zone (if other than Eastern standard time):