



UNIVERSITY OF MARYLAND

UNIVERSITY HEALTH CENTER

University Health Center
Building 140, Campus Drive
College Park, Maryland 20742

Tel.301.314.8115 Fax.301.314.5234

Revision Date: Feb. 2025

PHYSICIAN IMMUNOTHERAPY CHART

Patients Name: _____

Diagnosis: _____

Prescribing Physician: _____

Address: _____

Telephone #: _____

Fax #: _____

Business days/hours: _____

Alternate Arms: Yes/ No

Allergy Office Please Fill in Vial Information:		Vial # 1				Vial # 2				Vial # 3				Location of Serum (UMD): _____		
		Contents: _____				Contents: _____				Contents: _____				Build up FQY: _____		
		Concentration: _____				Concentration: _____				Concentration: _____				Maint.FQY: _____		
		Vial color: _____				Vial color: _____				Vial color: _____						
		Expiration date: _____				Expiration date: _____				Expiration date: _____						
Date	Time In	R	L	VOL	Reaction	R	L	VOL	Reaction	R	L	VOL	Reaction	Notes	Time out	Initial

[For UMD nurse only]

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