



UNIVERSITY HEALTH CENTER

University Health Center
Building 140, Campus Drive
College Park, Maryland 20742
Tel.301.314.8115 Fax.301.314.5234
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Dear Allergy Clinic Physician,

The following patient would like to receive injections at the University of Maryland University Health Center:

Name:

DOB:

We need the following information to determine acceptance of your patient into our Allergy Clinic for the administration of their allergy injections. **Please note that the patient must have received at least one dose in your office before we can accept them in our clinic. We will administer a maximum of 3 injections per patient per week.** Please include sufficient serum to last the patient for 4 months.

- Does your patient have a history of asthma? ☐ Yes ☐ No
- History of Anaphylaxis? ☐ Yes ☐ No
- Does your patient use antihistamine therapy prior to receiving allergy injections? ☐ Yes ☐ No
- Is your patient on beta-blockers? ☐ Yes ☐ No
- Do you require a peak flow? ☐ Yes ☐ No
- Do you alternate arms for allergy injections? ☐ Yes ☐ No

Allergy injections will not be administered without a physician being in the Health Center. A mandatory 30-minute wait after receiving injection(s) is enforced. We do not mail allergy serum back to the patient or physician's office.

With the patient's serum, orders must include a detailed injection protocol/order. Ensure that it includes the following:

- Content, concentration, vial color, and expiration date of each vial the patient will be receiving.
- Date of last injection and dose administered from each vial/color.
- A detailed schedule for allergy injections during build up and maintenance phases.
- Instructions for management of local and systemic reactions.
- Instructions for management of missed/late injections during build up and maintenance phases.
- A treatment record for documentation of allergy injections.

Thank you! Please contact our office if you have any questions.

Physician Signature:

Date:
