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: July 2022**

## PHYSICIAN IMMUNOTHERAPY CHART

**Patients Name:**_____

**Diagnosis:**_____

**Prescribing Physician:**_____ **Address:**_____

**Telephone #:**_____ **Fax #:**_____ **Business days/hours:**_____

**Alternate Arms: Yes/ No**

| | | **Vial # 1**<br>**Contents:**_____<br>**Concentration:**_____<br>**Vial color:**_____<br>**Expiration date:**_____ | | | | **Vial # 2**<br>**Contents:**_____<br>**Concentration:**_____<br>**Vial color:**_____<br>**Expiration date:**_____ | | | | **Vial # 3**<br>**Contents:**_____<br>**Concentration:**_____<br>**Vial color:**_____<br>**Expiration date:**_____ | | | | **Peak Flow** | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **Date** | **Time In** | **R** | **L** | **VOL** | **Reaction** | **R** | **L** | **VOL** | **Reaction** | **R** | **L** | **VOL** | **Reaction** | **Pre** | **Post** | **Notes** | **Time out** | Initial |
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