

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

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PHYSICIAN IMMUNOTHERAPY CHART

	Patients Name:															
	Prescribing Physician:									Address:						
	Telephone #:						Fax #:						Business days/ho	ours:	_	
	Alterna	ite Ar	ms:	Yes/ No												
Allergy Please Vial	Vial # 1 Contents:				Vial # 2 Contents: Concentration: Vial color: Expiration date:				Vial # 3 Contents: Concentration: Vial color: Expiration date:				Location of Serum (UMD): Build up FQY: Maint.FQY:			
Date	Time In	R	L	VOL	Reaction	R	L	VOL	Reaction	R	L	VOL	Reaction	Notes	Time out	Initial