

Request for Allergy/Immunotherapy

Your patient has requested MUSC Student Health Services administer immunotherapy (allergen extract or biologics) as ordered by you. We are pleased to provide this service to your patient while they are a student at MUSC. We require the treating allergist to supply the allergen extracts and explicit instructions for administration. The medications are given by a Registered Nurse and there is a medical provider available in the event there are any untoward reactions requiring immediate medical care. Any adjustment (s) to immunotherapy (change in dose quantity, dose intervals, etc.) must come from you if in the event the patient is late for an injection or experiences an adverse reaction. Therefore, we need precise information from you and we request that you complete the following data sheet. If problems develop that are not answered by the information you give us, we will contact you for further instructions.

In setting up your orders for MUSC Student Health Services, please keep in mind times such as semester breaks and away rotations when your patient will not be at MUSC, and instruct us accordingly. We require written orders when we administer medication from a physician. We cannot begin giving injections without receiving the enclosed form completed and signed by you. We, in turn, will give the patient a copy of their injection record, if requested, when they return to your care. Certain procedures that are not performed at the MUSC Student Health Services include vial testing and addition of epinephrine or normal saline to injections. If either of these is necessary in the administration of allergy injections for your patient, the student will need to locate a medical provider who can provide these services.

Patient Name: _____ Date: _____

DOB: _____ Student ID #: _____

PHYSICIAN ACKNOWLEDGEMENT

My signature below acknowledges that:

1. MUSC Student Health will administer allergen immunotherapy, and management of both local and systemic reactions to allergen immunotherapy.
2. Clear and explicit instructions for administration of the allergen extract must be provided by me prior to administration.
3. Extract vials must be hand delivered by the patient and may not be mailed or directly forwarded to MUSC Student Health. Allergy extracts must be properly labeled with patient name, date of birth, antigen content, concentration and the expiration date. The MUSC Registered Nurse must use the date written on the vial as the actual expiration date. The Nurse cannot take verbal orders to extend the expiration date.
4. I or my staff will be available for phone consultation as needed.
5. The patient may return to my office at any time for continuation of immunotherapy, if requested by MUSC Student Health or the patient.

Acknowledged and agreed to by:

Physician name:	Signature:
Address:	
Phone:	Fax:
E-mail address:	Website:

NOTE: The following information must be completed by the treating allergist before allergen extracts will be administered at MUSC Student Health. If you are sending attachments, please insure that they include a printed physician name and are individually signed.

1. Detailed administration schedule for buildup and maintenance that clearly references appropriate vial and vial contents. (your office may send as an attachment)
2. Instructions on how to adjust dosage's following a local reaction.
3. Instructions on how to adjust dosage if patient is late for injection(s) or deviates from schedule (based on the time lapse after last injection(s)). These instructions must be specific, especially if the patient is on a build-up cycle.
4. Instruction regarding adjustment of dosage when starting a new maintenance vial:
5. Specific guidelines regarding when to withhold or reduce dosage with illness, wheezing or increased allergy symptoms:
6. History of chronic or severe illness which might affect general health or desensitization schedule:
7. History of previous significant local or systemic reactions to allergy immunotherapy including type of reaction, what extract(s) and previous treatment for adverse reaction:
8. Current or prior use of beta blocker.
9. Other comments or instructions: