

**Standardized Allergy Desensitization Orders for Washington University Student Health Services**

**Patient Name:**  
**Birth Date:**                      **ID#:**  
**Telephone:**

**Prescribing physician:**  
**Telephone:**  
**Fax:**

\*Please only list one extract/vial per form.

**Extract Name/Vial Number:**                      **Concentration:**  
  
**Expiration Date:**

<b>Dose Schedule and Frequency (if building)</b>	<b>OR</b>	<b>Maintenance Dose:</b>
_____ ml every _____ X _____		_____ ml every _____ weeks
_____ ml every _____ X _____		
_____ ml every _____ X _____		
_____ ml every _____ X _____		
_____ ml every _____ X _____		
_____ ml every _____ X _____		
_____ ml every _____ X _____		

**Last dose given at allergy office:**  
**Date:** \_\_\_/\_\_\_/\_\_\_ **Dose** \_\_\_  
**Reaction:** \_\_\_\_\_

**Order new extract (please check one):**  
 \_\_\_ 2-3 weeks before vials expire/run out  
 \_\_\_ After dose # \_\_\_

**Special Instructions for missed dose:**

- Days since last dose:                      Action:
- Days since last dose:                      Action:
- Days since last dose:                      Action:
- Days since last dose:                      Action:
- Days since last dose:                      Action:

Washington University in St. Louis Habif Health and Wellness Center is happy to provide allergy injections to current students. It is intended to supplement, not replace, the care of the student's allergist. In order to receive this service, please complete and sign our standardized order form.

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

RN signature \_\_\_\_\_ RN signature \_\_\_\_\_