TUCSON EAR NOSE AND THROAT	PATIENT:	
	DOB:	
ALLERGY DEPARTMENT	DOCTOR:	
2121 N. Craycroft Rd Bldg 5		
TUCSON, AZ 85712	VIAL#1	
(520) 296-8500X1118	VIAL#2	
(520) 495-7514 FAX	VIAL#3	
	VIAL#4	
INDIVIDUAL DOSAGE SHEET		<u>Q</u>
PLEASE READ BEFORE GIVING INJECTIO	Last Injection: / /2020 @. cc	

GIVE INJECTIONS SUBCUTANEOUSLY AT A 90 DEGREE ANGLE WITH A 3/8 INCH NEEDLE. ALWAYS ASPIRATE BEFORE PUSHING ANTIGEN INTO SKIN TO MAKE SURE ANTIGEN WILL NOT BE GIVEN INTO A BLOOD VESSEL. ONLY GIVE INJECTIONS IN LATERAL UPPER ARMS.

HAVE PATIENT ALWAYS WAIT 30 MINUTES IN OFFICE AFTER EACH INJECTION AND CHECK ARMS BEFORE THEY LEAVE TO SEE IF PATIENT HAS A REACTION.

ALWAYS KEEP ANTIGENS REFRIDGERATED. INJECTIONS SHOULD NEVER BE GIVEN WHEN PATIENT IS SICK (COLD/FLU/FEVER), OR HAS ANY OTHER TYPE OF INJECTION THE SAME DAY.

PLEASE ALWAYS CHECK DOSAGE SCHEDULE INCLUDED FOR DOSAGE AMOUNTS

DATE	VIAL#	<u>ARM</u>	VIAL#	<u>ARM</u>	VIAL#	<u>ARM</u>	VIAL#	<u>ARM</u>	COMMENTS/REACTIONS

^{***}IF SYSTEMIC/ANAPHYLACTIC REACTION GIVE .30CC 1:1000 EPINEPHERINE FOR ADULTS;

.15CC 1:1000 EPINEPHERINE FOR CHILDREN***

BEFORE VIALS ARE EMPTY AND/OR WHEN PATIENT REACHES .50mL PLEASE FAX BACK TO OFFICE

THE MAXIMUM DOSAGE A PATIENT CAN RECEIVE IS .50mL

Please disgard old vials once new vials are received