Referring Allergist Agreement

Instructions for the Referring Allergist:

- Complete and sign the Referring Allergist Agreement Form (below)
- Complete Allergist Order Sheet
- Complete Allergy Patient Dosage Recording Sheet
- Review our Allergy Clinic Policies and Procedures which includes our protocol for management of anaphylaxis and systemic reactions.

Allergist Agreement

My patient, ___________________________________, is requesting the Indiana University Health Center (IUHC) administer allergy extracts provided by my office.

I agree to the following:

- I will provide allergen immunotherapy extract in adequately labeled* vials for administration at IUHC.
  *
  Patient name, antigen(s) name, dilution, expiration date
- I will provide detailed directions regarding dosage schedule for buildup phase and/or maintenance by completely filling out the Allergist Order Sheet and the Patient Dosage Recording Sheet provided by IUHC.
- I will provide detailed directions regarding dosage/schedule adjustments that might be necessary due to patient missing scheduled injections or due to local or systemic reactions by completely filling out the Allergist Order Sheet and the Patient Dosage Recording Sheet provided by IUHC.
- I will continue to be responsible for the management of this patient’s immunotherapy and for the modification of doses during therapy.
- I will be available by phone to the nurses and providers at IUHC should questions or problems arise with this patient’s immunotherapy.
- I understand that IUHC requires all patients to have an Epi Pen with them in order to receive their allergy injections.
- I have read the IUHC Policy and Procedures for Allergy Immunotherapy including the protocol for management of anaphylaxis and systemic reactions and agree that they provide adequately for the care and safety of my patient.

Referring Allergist Signature:____________________________________________Date:________________________

Referring Allergist Name Printed:_____________________________________________________________________