The A.P. Beutel Health Center on the Texas A&M University Campus strives to provide the highest quality care to the students who utilize our services. We thank you for allowing us to share in the care for our mutual patient. In order to initiate allergen immunotherapy through the health center’s Preventive Medicine Department, the physicians at the health center require the following information prior to authorizing the injections. Please note that the health center policy states that each student is responsible for retrieving his/her serum vial(s) at the end of each semester. Due to the large student population for which we provide service, the health center is NOT able to mail vials of serum. Your timely response to the items below is greatly appreciated.

| Prescribing Physician Name: | _____________________________ |
| Office Name: | _____________________________ |
| Office Address: | ____________________________________ |
| Office Telephone: | ____________________________ |
| Prescribing Physician’s Signature | (REQUIRED) | Date |

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<table>
<thead>
<tr>
<th>Vial Number</th>
<th>Expiration Date</th>
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<tbody>
<tr>
<td>Vial ______:</td>
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<td>Vial ______:</td>
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- Each vial is labeled with the student’s name, initials, ID number, and expiration date prior to our receiving the vial(s).
- A listing of the extracts in each vial accompanies the vial.
- The expiration date for each vial is included.
- Peak Flow Needed (circle one): Yes / No  
  - Baseline peak flow: __________  
    - The patient should provide their own peak flow meter and bring to each visit. Use of health center supplies will generate additional charges.

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- The student health center does not give the initial dose of allergen immunotherapy. Please give the date of most recent injection given at your office.  
  _____/_____/_______ Arm: R / L Reaction: ________________  

Please circle which applies: Initial Dose Routine Injection Dose Given: __________

- Instructions for administration of immunotherapy should include:
  - Injection frequency: ______________
  - Injection dose: ______________
  - Incremental dose increase (in mL) ______________
  - Acceptable interval for missed doses ______________
  - How to handle missed doses that exceed acceptable interval:

- How to handle immediate or delayed local reactions in terms of subsequent dosing:

- Any student that experiences a significant systemic reaction will not be able to receive subsequent injection at the health center until evaluated by the prescribing physician and written recommendations are provided to the health center for subsequent dosing.
- For any student with a history of anaphylaxis or systemic reaction to allergen exposure, a prescription for Epi-Pen is required. The student should be able to demonstrate understanding of when and how to use the Epi-Pen.
  - Have you prescribed Epi-Pen? YES / NO
  - Has your office instructed the student about Epi-Pen usage? YES / NO

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Vaccine Name Abbreviations:

- Tree: T  Mold: M
- Grass: G  Cat: C
- Weed: W  Dog: D
- Ragweed: R  Cockroach: Cr
- Mixture: Mx  Dust Mite: Dm

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Student Name: ___________________________
Student UIN: ___________________________