Wardenburg Health Center
119 UCB
Boulder, CO 80309-0119

ALLERGY CLINIC
Phone: 303-492-2057

(Sticker)

Name: _____

I.D. # : _____ **DOB:** _____

Telephone:_____ **Date:** _____

Outside Immuno R_X: Request for Allergy Information

Date: _____

Your patient, _____, a student at the University of Colorado Boulder, has requested that Wardenburg Health Center administer his/her allergy injections while on campus. We do not begin immunotherapy. Please arrange to give initial shots in your office.

In order for Wardenburg Health Center staff to assure temporary medical management responsibility for your patient, we will need the following information from you before we can administer allergy injections:

1. **A copy of the initial medical evaluation, indications for immunotherapy, and other medical diagnoses. Please also note if the patient has persistent or intermittent asthma.**
2. **A copy of skin test results and the allergy prescription.**
3. **A copy of the patient's injection records, noting reactions.**
4. **The patient's immunotherapy schedule detailing the following:**
   - **the starting immunotherapy dose**
   - **the target maintenance dose**
   - **the immunotherapy build-up schedule**
   - **instructions for late injections**
   - **instructions for reactions**
5. **Each vial must be labeled with the following:**
   - **patient's name**
   - **contents**
   - **the dilution**
   - **the expiration date**

Please send this information to:

University of Colorado
Wardenburg Health Center, Attn: Allergy Clinic
Campus Box 119
Boulder, CO 80309-0119

Phone: 303-492-2057 FAX: 303-492-6850

Thank you for your cooperation in this matter.

Sincerely,

Christina Bryan, MD, Internal Medicine Specialist, Allergy Clinic Oversight Physician