MEDICAL RECORD	ALLER	GEN EXTRACT PRE NEW AND REFIL		TION	1. CHECK APPE	REVISIO	N AI	LUM RECIPITAT
2. FINAL CONCENTRATION BEL		Protein Nitrogen Unit (PNU)/ml	Weight/Vol	ume (WT/\	/OL) REFILL /OL) Allergen U	AQUEOU		LCIFITAT
		up to 10 ml. The total vial volume						
		ered vial; Vial no						
	•	exceed 4 years, after which a new	prescription	must be is	sued by an authoriz	ed prescrit	oer.	
3A. PREVIOUS TREATMENT PRODISCOUNTED	OGRAMS WILL BE	3B. EXPLAIN						
YES	□NO							
4. ALLERGEN CONTENTS	4A. ML EXTRACT 4B. COI	AC. ALLERGEN CONTENTS	4D. ML EXTRACT	4E. CONC	4F. ALLERGEN CO	ONTENTS	4G. ML EXTRACT	4H. CONC
					DILUTEN	T		
		COMPLETE ITEMS 5 THROUGH 9	FOR REFILL	S ONLY				
5. VIALS REQUESTED (Last vial	number and strengti	n)			6. ASTHMA	SYMPTON		-
7. PRESCRIPTION NUMBER	8. SYSTEMIC REACTION HISTORY							
	YES NO							
9. DATE OF LAST DOSE (Mo., L	Day, Yr.)	9B. AMOUNT (e.g., 0.1 ml)	3. AMOUNT (e.g., 0.1 ml)			9D. STR	ENGTH	
9A. CURRENT INTERVAL (Week	·s)	9C. VIAL NUMBER	C. VIAL NUMBER			WT/VOL	AU/	IVIL
10. PATIENT'S ADDRESS	11. SEND EXTRACT T	11. SEND EXTRACT TO				12. DATE	ORDERED	
TELEBLIONE HOME								
TELEPHONE HOWE								

PATIENT'S IDENTIFICATION (For typed or written entries, give: Name -- last, first, middle; SSN; DOB; sex; treating facility)

## ALLERGEN EXTRACT PRESCRIPTION NEW AND REFILL

Medical Record

STANDARD FORM 559 (REV. 4-94)
Prescribed by GSA/ICMR FPMR (41 CFR)
101-11.203(b)(10)
USAPA V1.00

## SPECIFIC INSTRUCTIONS

- A. PHYSICIAN MUST ALWAYS BE IMMEDIATELY AVAILABLE IN THE CLINIC AREA.
- B. ALL PATIENTS MUST REMAIN IN THE CLINIC AT LEAST 30 MINUTES AFTER AN INJECTION.
- C. Use a 26-28 gauge needle and give the subcutaneous injection into the lower deltoid area.
- D. Record date, dosage, and any reaction on a separate immunotherapy form.
- E. GRADING AND MANAGEMENTS OF REACTIONS:
  - (1) Negative (swelling up to 15 mm; i.e., dime size) progress according to schedule.

  - (1) Negative (swelling up to 15 mm; i.e., dime size) progress according to schedule.
     (2) "A" (swelling 15-20 mm; i.e., dime to nickel size) repeat the same dosage.
     (3) "B" (swelling 20-25 mm; i.e., nickel to quarter size) return to the last dosage which caused no reaction.
     (4) "C" (swelling persisting more than 12 hours or over 25 mm; i.e., quarter size or larger) decreased dosage by 50%.
     (5) Systemic reactions (hives, sneezing, generalized itching, asthma, difficulty breathing, or shock) may be controlled by immediately placing a tourniquet above the injection site, and giving up to 0.01 ml/kg of 1:1000 epinephrine up to 0.50 ml every 10-20 minutes subcutaneously. NOTIFY THE PHYSICIAN! For the average adult give 0.10 ml 1:1000 epinephrine subcutaneously in the injection site and 0.20 ml of 1:100 epinephrine in the other arm. Generally the allergen extract dose is reduced to 1/3 the last dosage that caused no systemic reaction and repeated 3 times before increasing dose. If the injections cause repeat to 1/3 the last dosage that caused no systemic reaction and repeated 3 times before increasing dose. If the injections cause repeated reactions or are suspected of causing delayed symptoms repeatedly, or if reactions prevent progression of treatment, please contact the medical facility below for further instructions.
- F. IF THE PATIENT MISSES THE SCHEDULED INJECTION BY:

14. SIGNATURE, RANK, AND DEGREE

14A. NAME OF MEDICAL FACILITY

Up to 7 days late, increase according to schedule. 8 to 14 days late, repeat the last dose. 15 to 21 days late, reduce dose by 25%.

22 to 28 days late, reduce dose by 50%. 29 to 42 days late, reduce dose by 75%. 43 to 56 days late, reduce dose by 90%.

In a patient with a history of previous shot reactions, severe asthma or severe cardiac disease, the dose may need to be decreased in doubt, contact the medical facility below.

If patient misses his/her scheduled injection by over 8 weeks, contact the medical facility below!

- G. If newly informed that patient is pregnant or on beta blockers, notify medical facility below for instructions.
- H. REFILL EXTRACT PRESCRIPTIONS: When starting a new treatment vial, recommend a minimum of 40% reduction in initial dose.

RECOMMENDE schedule for ea	D TREATMENT IN ach vial is complet	ISTRUCTION: Progr ed, go to the next h	ess treatment i nigher vial.	using one v	rial at a tim	e starting with the lowest numbered vial. When the				
13. VIAL NO.	13A. PNU/ml., WT/\	/OL, AU/ml CONTENT	13B. DAYS BETW. SHOTS		HEDULE below)					
						13D. When the maximum tolerated dose or a dose				
						of ml of vial has been achieved,				
						injections should be administered every				
						weeks. An exception to this is during the period				
						when injections should be administered every				
						weeks.				
SCHEDULE A	SCHEDULE B	SCHEDULE C	SCHEDULE D	SCHE	DULE E	SCHEDULE F (Custom Schedule)				
0.05 ml 0.10 ml 0.25 ml 0.60 ml	0.05 ml 0.10 ml 0.20 ml 0.40 ml 0.60 ml	0.05 ml 0.10 ml 0.20 ml 0.30 ml 0.40 ml 0.50 ml	0.05 ml 0.10 ml 0.15 ml 0.20 ml 0.30 ml 0.40 ml 0.50 ml	0.05 ml 0.07 ml 0.10 ml 0.15 ml 0.20 ml 0.25 ml	0.30 ml 0.35 ml 0.40 ml 0.45 ml 0.50 ml					
CUSTOM EXTR	ACT LABEL OR REM	ARKS								
THE PRESCRIPTION MUST BE SIGNED BY THE ORDERING PHYSICIAN										

14B. TELEPHONE NUMBER