

WESTSIDE ALLERGY CARE

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College Students Allergy Injection Policy

PAYMENT IS DUE PRIOR TO SEEING PHYSICIAN OR ADMINISTRATION OF ALLERGY INJECTIONS.

For patients requesting Westside Allergy Care to administer allergy injections supplied by other allergists/physicians.

1. Westside Allergy Care **does not** accept patients from other Allergy/ENT office's unless they transfer their care to our office. Unless they are a College student. College students need to schedule an OV and provide Westside Allergy Care with the proper paperwork and then will be able to administer the patient's allergy injections.
 - a. **When a college student arrives to begin or continue allergy injections from another allergist/ENT, they must give our office the following information:**
 - Name and phone number of prescribing doctor
 - Do they have asthma and a rescue inhaler
 - Do they carry an Epi-pen
 - Indicate if patient is at maintenance dose or building up on extracts.
 - b. **Maintenance dose injections** we require prescribing doctor to provide:
 - I. Maintenance dose
 - II. Frequency they receive injections
 - III. Epi or Benadryl rinse in the injection?
 - IV. Does the patient need to take any medication prior to receiving injection?
 - V. Does patient need a peak flow prior to injection?
 - c. **Allergy injection buildup** we require prescribing doctor's to provide
 - I. Buildup schedule, clearly indicating, how many vials in buildup schedule
 - II. Are all buildup vials in our office?
 - III. The labels need to have:
 - Name of the patient
 - Name of the extract
 - Strength of vial
 - Expiration date
 - IV. Frequency of buildup injections
 - V. Has the patient experienced any trouble during the buildup phase?
 - VI. Pre-medicate or do a peak flow prior to the injection.
 - VII. Provide extract formula, indicating ingredients in injection(s)

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Westside Allergy Care will be providing your patient their allergy immunotherapy while attending college. To provide the best treatment and care to your patient please fill out this form and send/fax the required information below, Fax # 585-723-8395.
We will be unable to administer allergy immunotherapy until all information is provided.

PAYMENT IS DUE PRIOR TO SEEING PHYSICIAN OR RECEIVING ALLERGY INJECTIONS.

Patient Name: _____

Patient DOB: _____

Allergist name and address: _____

Allergist phone #: _____ Allergist Fax #: _____

Indicate if patient is: 1. At a Maintenance dose _____ Maintenance dose & Frequency _____
2. Building up to maintenance dose _____ Provide build up instructions & attach to this form.

Do they use an Epinephrine or Benadryl Rinse? (Circle appropriate choice.)

Does the patient have asthma? Yes No

Do they use a rescue inhaler? Yes No N/A If yes name of med & instructions:

Do they carry an Epi Pen? Yes No

Has the patient had any- local delayed systemic anaphylactic reactions? (Circle reaction type.)

If patient had a systemic or anaphylactic reaction, provide dose, strength, date and action taken to treat reaction below.

Patients who are at a Maintenance dose must provide information below before patient may receive an allergy injection:

- How many injections do they receive? 1 2 3 4 5 (circle answer)
- Name of Injection(s), date of last injection, dose, strength & frequency (i.e. Mx Pollen 0.5cc 1:1 q2wks)

1. _____

2. _____

3. _____

4. _____

Patients **Building up**, must include your offices instructions for buildup with date of last injection, frequency, strengths and dose to achieve for Maintenance dose. All labels need to include patient name, patient DOB, name of extract, strength of extract. Attach build up schedule and forward to our office.

PLEASE PROVIDE ALL INFORMATION ABOVE TO OUR OFFICE AT 585-723-8395. IF PROPER PAPERWORK IS NOT RECEIVED WE WILL BE UNABLE TO ADMINISTER ANY ALLERGY INJECTIONS.