Patients from outside allergist & college students

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 then we will be able to administer the patient’s allergy injections.

2. Clearly inform the patient that they will need to transfer their allergy care to Westside Allergy Care in order for the practice to administer allergy injections in our office. This will include having reevaluation appointments and obtaining future refills of allergy injection material in our office. This may require repeat allergy skin testing and changes in the allergy injection treatment depending on the patient’s history, current treatment, response to allergy injections and future allergy problems.

3. Patient should be scheduled as a new patient evaluation (AC)

4. Patient should bring, or have sent to us, medical records from other allergist/physician, including medical and allergy history, medications, allergy test results, extract formula, injection record, instructions for future injections and the allergy injection solutions.

5. At the evaluation appointment, the allergist will decide if patient can continue current AI therapy.

6. If a patient inquires/asks if we will be able to administer allergy injection(s) from another allergy office inform them, only if they transfer care to our office.

7. Exception to the above guidelines would be:
   a. College students from a local college.
   b. When a college student arrives to begin or continue allergy injections from another allergist/ENT, they must have:
      - 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.

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?

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-mEDIATE or do a peak flow prior to the injection.
VII. Provide extract formula, indicating ingredients in injection(s)
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 # 585-637-3910. **We will be unable to administer allergy immunotherapy until all information is provided.**

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.)
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:**

a. How many injections do they receive? 1 2 3 4 5 (circle answer)
b. 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 585-637-2347. IF PROPER PAPERWORK IS NOT RECEIVED WE WILL BE UNABLE TO ADMINISTER ANY ALLERGY INJECTIONS.**

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99 Canal Landing Boulevard, Suite 7, Rochester, NY 14626 phone (585) 723-8710 fax (585) 723-8395
18 Graves Street, Brockport, NY 14420 phone (585) 637-3910 fax (585) 637-2347
229 Summit Street, Suite 8, Batavia, NY 14020 phone (585) 953-3035 fax (585) 723-8395