UNIVERSITY OF MARYLAND
UNIVERSITY HEALTH CENTER

University Health Center
Building 140, Campus Drive
College Park, Maryland 20742
Tel.301.314.8115 Fax.301.314.5234

PHYSICIAN IMMUNOTHERAPY CHART

Patients Name:____DOB:___________________________

Diagnosis___________________________ _________________Phone #:__________ _____________

Prescribing Physician:________________________________ Address:_________________________

Telephone #:_____________________ Fax #:________________ Business days/hours:______________________

Abbreviation: Tree: T Mold: M Grass: G Cat: C Dog: D Weed: W Ragweed: RW Cockroach: CR Dust Mite: DM Mixture: Mx

Alternate Arms: Yes/ No

		Vial # 1 Contents:____________ ____________ Concentration:________ Vial color:___________ Expiration date:________				Vial # 2 Contents:____________ Concentration:________ Vial color___________ Expiration date:________				Vial # 3 Contents:____________ ____________ Concentration:________ Vial color:___________ Expiration date:________				Peak Flow				
Date	Time In	R	L	VOL	Reaction	R	L	VOL	Reaction	R	L	VOL	Reaction	Pre	Post	Notes	Time out	Initial