

Allergy Clinic

(850) 644-9492 ph (850) 644-3379 fax

To The Office of Dr. _____,

Your patient, _____, has requested to receive their allergy immunotherapy injections at the University Health Services (UHS) Allergy Clinic at Florida State University. Please note, we do require that patients receive at least one injection in their allergist's office before establishing care with the UHS Allergy Clinic. In our Allergy Clinic, a Registered Nurse who has been specifically trained on the administration of allergy immunotherapy injections will administer the patient's injections per the orders you provide. Due to the large number and diversity of allergy offices we assist in administering allergy immunotherapy injections, we have standardized this process at UHS, and therefore do not document on forms from outside allergy offices. A physician is always available in the facility when allergy immunotherapy injections are being administered. The UHS Allergy Clinic will follow your orders regarding dosing schedule, missed injections, and local reactions. However, for patient safety, we will follow internal protocols for systemic reactions in order to have a coordinated, standardized response. Our Allergy Clinic Nurse will be in communication with your office as needed regarding orders, reactions, or any questions or concerns pertaining to your patient's care.

We look forward to partnering in your patient's care once we have received the following documentation and the patient's serum. Please complete the attached "Order to Administer Allergy Injections" form. **All documentation may be faxed to (850) 644-3379.** Serum may be mailed to the address below or hand delivered by the patient.

Please feel free to contact us with any questions or concerns.

Thank you,

Allergy Clinic RN

Required Documentation to begin receiving allergy immunotherapy injections at UHS:

- Outside Order to Administer Allergy Injections Form (see attached; please complete, date, & sign)
- Detailed dosage instructions (to include specific dose schedule, frequency, patient name & DOB)
- Instructions for delayed/missed injections
- Instructions for treatment of local reactions
- Allergy Serum
 - o Each vial must be labeled with patient name, dilution, and expiration date
 - o Must be accompanied by list of serum contents of each vial

****Please note: Reordering of allergy serum is the responsibility of the patient. All new vials must be accompanied by new, complete orders/instructions.****

960 Learning Way, Tallahassee, FL 32306-4178

www.uhs.fsu.edu