

ALLERGY INJECTION INFORMATION SHEET

HOW TO GET STARTED:

1. **Print** this info sheet, **Doctor Letter and Allergy Immunotherapy Orders Form**

- Your Physician **MUST** complete the **Allergy Immunotherapy Orders Form** before allergy injections can be started at the Student Health Center.

2. **Send, Fax** or **Hand Carry** the letter and form to your physician for completion. Once the completed form is received in the Health Center you will be scheduled for an Allergy Consultation with a provider.

3. **Store** your allergy antigens at the Student Health Center. When needed, you will be advised to contact your allergist for additional antigens with new instructions. You are responsible for shipping and shipping charges.

4. **Hand Carry** or **Send** all allergy antigens by overnight or priority mail to avoid shipping delays to:
UCM Student Health Center
Attn: Allergy Nurse
5200 North Lake Rd
Merced, CA 95343

YOUR ALLERGY SHOTS:

1. **Make** appointments in advance for your injections by calling **209-228-2273**.

- Appointments are available **Monday through Friday during the academic year**.
- If you miss an allergy injection on the due date, schedule another appointment as soon as possible.
- If you **repeatedly miss** injections, your allergy shots may have to be discontinued. There is an increased risk when a haphazard schedule is followed.

2. **Plan to wait 30 minutes after your injection & no strenuous exercise for 2 hours after injections.**

3. **Alert** the allergy clinic nurse of any adverse reactions you may experience.

4. **Pick up** your antigens at the end of each semester and academic year.

- We **only** store the antigens over summer break for students receiving their allergy injections at the Student Health Center during the summer.
- **All other antigens are discarded at the end of the academic year in June.**

Note: We do not initiate allergy injections. You must have safely received four or more allergy injections at your physician's office before receiving injections at the Student Health Center.

Questions? Call the Student Health Center at 209-228-2273 or Allergy Nurse at 209-228-4192

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UCM Student Health Center
5200 North Lake Rd.
Merced, CA 95343

PH
FAX

(209) 228-2273
(209) 228-2912

Date:

Dear Physician,

The UCM Student Health Center is happy to assist with the administration of allergy immunotherapy to your patient. In order to administer allergy injections to your patients with the highest degree of safety, we do have specific requirements.

We ask that you take a few moments to complete the accompanying form and return it with your regular instruction sheets.

We cannot administer allergy injections to your patients until this form is received and any missing information may lead to a delay in the administration of your patient's allergy injection.

Thank you in advance for your cooperation.

Sincerely,

Brandon Boggs, MD
Medical Director

Liz Wiggins, RN
Allergy Immunotherapy Clinic Nurse
209-228-4192
ewiggins2@ucmerced.edu

Student Health Center Request for Allergy Immunotherapy Orders

All of the following information must be provided before allergy injections are initiated at the UCM Student Health Center for your patient.

Please print or type the following:

Patient's name: _____ D.O.B.: _____

Diagnosis: _____

History of asthma—please circle: No Yes (describe) _____

Prescribed medications: _____

Known drug or food allergies _____

Original immunotherapy start date: _____

History (including systemic or other serious reactions): _____

Date of last injection: _____

Please provide the following information #1-6 and complete contact info at end:

1. Allergy Injection Information

Contents/Name of Vial: _____ Dilution: _____ Exp. Date: _____

Contents/Name of Vial: _____ Dilution: _____ Exp. Date: _____

Contents/Name of Vial: _____ Dilution: _____ Exp. Date: _____

Contents/Name of Vial: _____ Dilution: _____ Exp. Date: _____

2. Please *attach a schedule* for increasing dosages and/or a maintenance schedule.

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Brandon Boggs, MD, Medical Director

Liz Wiggins, RN

3. *Instructions* for late/missed injections:

Not on Maintenance Dose

1 week: _____

2 weeks: _____

3 weeks: _____

4 weeks: _____

More than 4 weeks: _____

Maintenance Dose

1 week: _____

2 weeks: _____

3 weeks: _____

4 weeks: _____

More than 4 weeks: _____

4. *Instructions* for Dosage Reduction (for fresh antigens):

Reduce dose—please circle: No Yes—Amount: _____

5. *Instructions* for Dosage Reduction for local reactions: _____

Call allergist for instructions—please circle: No Yes

6. *Instructions* for usage reduction with illness, wheezing, or increased allergy symptoms: No Yes

If Yes: _____

Other comments or instructions: _____

Physician name: _____

Office address: _____

Office hours: _____ Office contact person: _____

Phone #: _____ Fax #: _____

MD Signature _____ Date: _____

Mail or fax to: UCM Student Health Center
 Attn: Allergy Nurse
 5200 North Lake Rd.
 Merced, CA 95343
 Fax 209-228-2912

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