

# NORTH TEXAS ALLERGY & ASTHMA ASSOCIATES

**Co-Pay:** \_\_\_\_\_  
**Drawer #:** \_\_\_\_\_  
**Patient #:** \_\_\_\_\_  
**Patient Name:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_

Reaction Key
A-no reaction
B-small local
C-large local
D-systemic

IT Schedule
0.05 cc
0.15 cc
0.30 cc
0.40 cc
0.50 cc

Dilution	Color	Expiration
1-50,000	Blue	
1-5,000	Pink	
1-500	Green	
1-50	Yellow	

Diagnosis

Target PF above

Last injection: \_\_\_\_\_

Last injection: \_\_\_\_\_

Be sure to ask pt if they had reactions to the last shot & check each shot site after 20 min.

**Vial A**

**Vial B**

Peak flow	Date	Time	Vial A					Vial B					Notes:	
			Arm	Dilution	Amount	20 min	last shot	Arm	Dilution	Amount	20 min	last shot		
			1											
			2											
			3											
			4											
			5											
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			28											

**Please send extract requests 2 weeks before extract runs out**