

# 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
0.10 cc
0.20 cc
0.30 cc
0.40 cc
0.50 cc*

Serum Dilution				Diagnosis
Alletech	Alk-Ab	Color	Expiration	
1:50,000	1000 fold	Green		
1:5,000	100 fold	Blue		
1:500	10 fold	Yellow		
1:50	Undiluted	Silver		

Target PF above

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

\*only for 10-fold and undiluted vials

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

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

**Vial 1**

**Vial 2**

Peak flow	Date	Time	Vial 1					Vial 2					Notes:	
			Arm	Dilution	Amount	20 min	24 hour	Arm	Dilution	Amount	20 min	24 hour		
			1											
			2											
			3											
			4											
			5											
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			28											

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