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*

*only for 10 fold and undiluted vials

Serum Dilution			
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	

Diagnosis

Target PF above

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

Peak flow	Date	Time		Last injection: Vial A Arm	Dilution	Amount	20 min	24 hour	Last injection: Vial B Arm	Dilution	Amount	20 min	24 hour	Last injection: Vial C Arm	Dilution	Amount	20 min	24 hour	Notes:
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			2																
			3																
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			25																**Please send extract requests 2 weeks before extract runs out**
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			28																