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

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	last shot	Last injection: **Vial B** Arm	Dilution	Amount	20 min	last shot	Last injection: **Vial C** Arm	Dilution	Amount	20 min	last shot	Notes:
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			28																