

ESCALATION TREATMENT RECORD FOR SUBLINGUAL IMMUNOTHERAPY

PATIENT NAME:	
DATE OF BIRTH:	

VIAL EXPIRATION DATE:	
DO NOT USE EXPIRED VIALS.	

Your dosing guidelines are outlined below. Record all treatment data (date, health screen, and number of drops taken at the time of administration). Add additional remarks (such as adverse events) as needed. Refer to patient instructions for sublingual immunotherapy for adjustments in dosing, based on adverse reactions or missed doses.

<p>IMPORTANT PRE-DOSE HEALTH SCREEN:</p> <ol style="list-style-type: none"> Any problems with adverse reactions to the last dose? Any changes in health status within the last 24 hours? Any changes in medications since the last dose? For asthmatics - any active asthma symptoms or wheezing? <p>If any problems exist, call our office prior to dosing.</p>	<p>Each bottle is labeled with the following information:</p> <ul style="list-style-type: none"> Patient name Date of birth Bottle number (ex. SLIT A-1, SLIT B-1, etc.) Expiration date
--	--

DATE	Health Screen	"A" VIAL	<input checked="" type="checkbox"/> (drops)	"B" VIAL	<input checked="" type="checkbox"/> (drops)	REMARKS
1.	<input type="checkbox"/>	Escalation Vial	<input type="checkbox"/> 1	Escalation Vial	<input type="checkbox"/> 1	
2.	<input type="checkbox"/>	Escalation Vial	<input type="checkbox"/> 2	Escalation Vial	<input type="checkbox"/> 2	
3.	<input type="checkbox"/>	Escalation Vial	<input type="checkbox"/> 3	Escalation Vial	<input type="checkbox"/> 3	
4.	<input type="checkbox"/>	Escalation Vial	<input type="checkbox"/> 4	Escalation Vial	<input type="checkbox"/> 4	
5.	<input type="checkbox"/>	Escalation Vial	<input type="checkbox"/> 5	Escalation Vial	<input type="checkbox"/> 5	
6.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 1	Maintenance Vial	<input type="checkbox"/> 1	
7.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 2	Maintenance Vial	<input type="checkbox"/> 2	
8.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 3	Maintenance Vial	<input type="checkbox"/> 3	
9.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 4	Maintenance Vial	<input type="checkbox"/> 4	
10.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
11.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
12.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
13.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
14.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
15.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
16.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
17.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
18.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
19.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
20.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
21.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
22.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
23.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
24.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
25.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
26.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
27.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
28.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	

MAINTENANCE TREATMENT RECORD FOR SUBLINGUAL IMMUNOTHERAPY

PATIENT NAME:	
DATE OF BIRTH:	

VIAL EXPIRATION DATE:	
DO NOT USE EXPIRED VIALS.	

Your dosing guidelines are outlined below. Record all treatment data (date, health screen, and number of drops taken at the time of administration). Add additional remarks (such as adverse events) as needed. Refer to patient instructions for sublingual immunotherapy for adjustments in dosing, based on adverse reactions or missed doses.

<p>IMPORTANT PRE-DOSE HEALTH SCREEN:</p> <ol style="list-style-type: none"> Any problems with adverse reactions to the last dose? Any changes in health status within the last 24 hours? Any changes in medications since the last dose? For asthmatics - any active asthma symptoms or wheezing? <p>If any problems exist, call our office prior to dosing.</p>	<p>Each bottle is labeled with the following information:</p> <ul style="list-style-type: none"> Patient name Date of birth Bottle number (ex. SLIT A-1, SLIT B-1, etc.) Expiration date
--	--

DATE	Health Screen	"A" VIAL	<input checked="" type="checkbox"/> (drops)	"B" VIAL	<input checked="" type="checkbox"/> (drops)	REMARKS
1.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
2.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
3.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
4.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
5.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
6.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
7.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
8.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
9.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
10.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
11.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
12.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
13.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
14.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	Time to reorder new vial
15.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
16.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
17.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
18.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
19.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
20.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
21.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
22.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
23.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
24.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
25.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
26.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
27.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	
28.	<input type="checkbox"/>	Maintenance Vial	<input type="checkbox"/> 5	Maintenance Vial	<input type="checkbox"/> 5	