

HEAD & NECK SURGERY ASSOCIATES, P.S.C.
ALLERGY AND IMMUNOLOGY SPECIALISTS
Instructions for Administration of Allergy Injections, please read carefully

Name _____ Acct. No. _____

Date _____ Date _____
 _____ 1st dose _____ 6th dose _____

wait one week
 wait one week

_____ 2nd dose _____ 7th dose _____

 _____ wait one week _____

wait one week

_____ 3rd dose _____ 8th dose _____

 _____ wait one week _____

wait one week

**After 8th dose call office for
 more vaccine.**

_____ 4th dose _____ 9th dose _____

 _____ wait one week _____

wait one week

_____ 5th dose _____ 10th dose _____

 _____ wait one week _____

wait one week

Expiration Date: _____
DO NOT USE VACCINE AFTER EXPIRATION DATE!
The vaccine must be refrigerated and will retain its potency for 3 months.
Remember to bring this sheet back to the office when picking up new vials.

Using a 27 gauge ½ inch regular bevel allergy treatment syringe, remove the prescribed amount of allergen from each bottle. Keep track of which injections go into which arm and use a separate syringe for each bottle.

The injection is to be given in the fat on the back of the arm, approximately halfway between the elbow and shoulder. It is never to be given in the muscle. Always aspirate before injection and do not inject if blood is aspirated. Injections must be given at least 5 days apart and no more than 30 days apart. If your last injection has been greater than 30

days, please call our office for instructions.

REACTIONS: Any skin reactions greater than a quarter or other concerns should be reported to our office. **For more severe reactions see Epinephrine/Adrenalin instructions.**

Do not refrigerate the (Epinephrine/Adrenalin). Keep your Epinephrine/Adrenalin with you at least one (1) hour after an allergy injection. Should you have a sudden onset of symptoms after an injection such as: severe breathing difficulty, swelling of the eyes, lips, tongue, fainting, chest pain, feeling of impending doom or if you break out in severe hives, the Epinephrine/Adrenalin should be injected according to the instructions. You should then be taken to the nearest hospital emergency room or call 911. Have the emergency room notify our office at the time of your visit. **Never administer any further injections until our office has been contacted.**

Please do not forget to schedule your **yearly** allergy checkup. If you have any questions, please do not hesitate to call us.

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| <input type="checkbox"/> Florence Hill Professional Bldg. 7575 US 42 368 Bielby Rd. #140. Florence, KY 41042 Lawrenceburg, IN 47025 (859) 283-9100 ext. 2 537-5510 | <input type="checkbox"/> Edgewood 20 Medical Village Dr. #268 Edgewood, KY 41017 47025 (859) 341-1100 ext. 2 | <input type="checkbox"/> Ft. Thomas 40 North Grand Ave. #101 Ft. Thomas, KY 41075 (859) 781-4900 ext. 2 | <input type="checkbox"/> Dear born County Ludlow (812) |
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