

Allergen Immunotherapy Extract Prescription Form

Patient Name:
Patient Number:
Birth Date:
Telephone:

Prescribing Physician:
Address:

Telephone:
Fax:

Allergen Extract Name:

Bottle Name Abbreviations
 Tree: T Mold: M
 Grass: G Cat: C
 Weed: W Dog: D
 Ragweed: R Cockroach: Cr
 Mixture: Mx Dust Mite: Dm

**Maintenance Concentrate
 Prescription Form**

Prepared by: _____ **Date Prepared:** __/__/__

Dates of subsequent dilutions from maintenance concentration with expiration dates
 Vial _____ from Vial _____ on __/__/__ Expiration date: __/__/__
 Vial _____ from Vial _____ on __/__/__ Expiration date: __/__/__
 Vial _____ from Vial _____ on __/__/__ Expiration date: __/__/__
 Vial _____ from Vial _____ on __/__/__ Expiration date: __/__/__

Antigen Number	Extract Name Allergen or Diluent (Common name or Genus/species)*	Concentration and Type Manufacturer's Extract (AU, BAU, W/V, PNU)/ (50% G, Aq, Ly, AP)	Volume of Manufacturer's Extract to Add	Extract Manufacturer	Lot Number	Expiration Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Diluent						
Total Volume						

* Components of mixes listed on a separate sheet
Specific Instructions:

Volume to add = $\frac{\text{Maintenance Concentration}}{\text{Conc. Of Manufacturer's Extract}} \times \text{Total volume}$

Maintenance concentration and subsequent dilutions reported as volume/volume (v/v) dilutions with maintenance concentration=1:1 v/v

BAU = Bioequivalent Allergy Unit, AU =Allergy Unit
 PNU=Protein Nitrogen Unit
 W/V=Weight per Volume Ratio
 G= 50 % Glycerinated
 Aq=Aqueous, Ly=Lyophilized
 AP= Alum precipitated, AcP= Acetone precipitated