USC Engemann Student Health Center

Allergy/Immunization Clinic

Allergy Desensitization Injection Program

Dear Doctor,

Your patient is requesting transfer and continuation of his/her allergy desensitization injection program to the Engemann Student Health Center while he/she attends the University of Southern California (USC).

The program is managed under the supervision of our Consulting Allergist. Our goal is to maintain an allergy desensitization program for students who are in a continuing program through their private allergist.

Our intent is to follow the prescribing physician's orders and schedule to the extent that they fall within our guidelines. These guidelines will take precedence if any aspect of the student's desensitization program is ambiguous or in conflict with our procedures and policies.

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	1.	Schedule showing the starting and maintenance concentrations
	2.	Dose Adjustment protocol
	3.	Completed attached form :
		Allergy Information Sheet- Onset of Therapy
Note:	Any	missing information may lead to a delay in injection administration

All antigen vials must have the following information printed legibly on their labels:

- 1. Patient's name
- 2. Expiration (and preferably preparations) date (s)
- 3. Dilution or concentration (e.g. 1:1000, 500BAU, etc.)
- 4. Physician's name
- 5. Contents (i.e., tree mix, environmentals, etc.)

After receiving the above information, an appointment will be made for the student to be evaluated by our Consulting Allergist.

Thank you for your attention to this matter.

USC Engemann Student Health Center

Place Patient Label Here

Allergy/Immunization Clinic

On-set of Therapy

JSC ID #:	Date of Birth: (MM/DD/YY)
Patient Information	
Has your patient exhibited systemic reactions If yes, please describe:	on the present treatment program? ☐Yes ☐No
2. Is Patient on a beta-blocker? ☐ Yes ☐ N	No.
3. Please List all medications:	
4. Additional Information and/or special instruct	.t
Office Contact Name:	Office Title:
Office Contact	
Office Contact Name:	Office Title:
Office Contact Name: Telephone #:	Office Title: Best time to be reached: