Dallas**Allergy**Immunology

ALLERGY SHOT REACTION FLOW SHEET

NAME:_____ **WEIGHT:**_____ **PBPF:**_____ **DATE:**_____

SET A / VIAL_____ **CONCENTRATION**_____ **LOT #**_____ **DOSE**_____**cc**

SET B / VIAL_____ **CONCENTRATION**_____ **LOT #**_____ **DOSE**_____**cc**

SET C / VIAL_____ **CONCENTRATION**_____ **LOT #**_____ **DOSE**_____**cc**

TIME	BP / RESP / HR / PEFR	ASSESSMENT	TREATMENT AND MEDICATIONS

PHYSICIAN'S RECOMMENDATIONS FOR IMMUNOTHERAPY:

_____ **PHYSICIAN**

_____ **NURSE**