

Instructions to Prescribing Allergists:

University Health Center is establishing a new co-management patient care model in order to ensure best practices for patients who are receiving immunotherapy. This model includes an initial referral to a local allergist for *all* students who receive immunotherapy. If the patient is determined to be appropriate for management at the health center, the University Health Center will continue to provide ongoing immunotherapy. However, some patients will need to continue to follow up with a local allergist for ongoing immunotherapy in order to ensure patient safety.

If your patient will need ongoing immunotherapy while attending the University of Oregon, we ask that you forward all relevant patient chart notes, results of skin testing, and the content of allergy serum vials to a local allergist. See below for contact information for two local allergy groups who have agreed to assist with patient care.

Oregon Allergy Associates

Address: 1488 Oak Street, Eugene, OR 97401

Phone: 541-683-1577

Fax: 541-344-6176

www.oregonallergyassociates.com

Allergy and Asthma Center

330 S Garden Way, Suite 150, Eugene, OR 97401

Phone: 541-485-0316

Fax: 541-431-0317

www.aacenterpc.com

These specialists will be able to make the best determination regarding the need for oversight by a local allergist while the patient is attending the University of Oregon.

Along with patient records, please include the information listed below when sending your patient's allergy extracts either to the allergist, as requested, or directly to the University Health Center.

- Patient name on all vials
- Contents of antigen(s) clearly written on each vial
- Dilution strength
- Expiration date of extracts
- Date and dosage of the last injection(s) given
- Shot schedule that clearly indicates our starting dose(s)
- Shot schedule that indicates building doses, and maintenance dose
- Late dosing schedules (while building and while on maintenance)
- Indicate if patient is required to pre-medicate prior to shots, and how long before injection(s)
- Indicate if patient is required to have a peak flow test prior to shots (if required, please state parameters).
- Any other special instructions, history of systemic reaction, high pollen season instructions, etc.

We would like to thank you for allowing us to be a partner in providing immunotherapy services to your patient. Please let us know if you have any questions.

Sincerely,

Nurse Specialty Clinic
University Health Center
University of Oregon
541-346-2739