

<b>Dosage Protocol &amp; Treatment Record</b>
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PATIENT:			VIAL EXPIRATION DATE:	
NO. / DOB:			DO NOT USE EXPIRED VACCINE VIALS.	

**Please follow the dose guidelines outlined below. Record all treatment data (date, health screen, peak flow reading (if applicable), and number of drops taken at the time of administration. Record additional remarks (such as adverse events ) as needed. Adjustments in dosing, based on adverse reactions or missed doses, may be found in your packet.**

Please record all doses from these vials on this page. Continue drops until you reach the refill notation, then call our office and make arrangements for renewals. The renewal protocol is outlined on Page 6. **DO NOT USE EXPIRED VIALS**

**PRE-DOSE HEALTH SCREEN:** Any problems with adverse reactions to the last dose? Any changes in health status within the last 24 hours? Any changes in medications since the last dose? For asthmatics, record Peak Flow reading. If any problems exist, call our office prior to dosing.

**Each bottle is labeled with the following information: patient name and clinic ID number; vaccine contents ( T = Trees, G = Grasses, W = Weeds, M = Molds, D = Dust, Dust Mites, and/or Cockroach; AD = Animal Dander ); and expiration**

Maintenance VIALS:	
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[illegible]



[illegible]

[illegible]

			<u>MAINTENANCE</u> <u>VIAL</u>	<u>3</u>	<u>MAINTENANCE</u> <u>VIAL</u>	<u>3</u>	
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<u>COMPLETION OF MAINTENANCE VIAL:</u>						
<p><u><i>When you have depleted the current maintenance vial(s), begin treatment with your renewal maintenance vial(s) and send the completed Treatment Records back to Capitol ENT by mail or by FAX. Alternatively, you can keep these records and bring them to your next follow-up visit. You can print more blank treatment record forms online or call our office, and we can mail them to you. Discard the empty treatment vials.</i></u></p>						