

## Outside Office Allergy Shot Tentative Dosage Schedule – Silver 1:10,000 v/v

### Prescription for Vials is Attached

Before giving each injection ask patient if they have had increased asthma symptoms (chest tightness, increased cough, wheezing, or shortness of breath) in the past week? And/or had a recent cold, respiratory tract infection, COVID-19 infection or pending tests, or flu-like symptoms in the past two weeks? If **YES**, to either of those questions, **NO SHOT** should be given that day until symptoms are better controlled.

Recommended Dosing Schedule: Volume (mL) to be injected each visit in each vial’s column. Enter the date the injection is administered. Write R or L arm for injection given for right or left arm, respectively.

<b>Vial A:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

<b>Vial B:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

**To Allow Enough Time for Extract Preparation, Return this Form Via Fax (919-788-9007) after the YELLOW VIAL build up or the 8<sup>th</sup> shot for RED VIAL maintenance is Completed. Allow up to 2 weeks to receive vials (weather permitting).**

WEST RALEIGH OFFICE  
4600 Lake Boone Trail, Ste 100  
Raleigh, NC 27607  
919.787.1374

CARY OFFICE  
1505 SW CARY PKWY, STE 301  
Raleigh, NC 27511  
919.367.9774

HOLLY SPRINGS OFFICE  
781 Avent Ferry Rd. STE 300  
Holly Springs, NC 27540  
919.781.7171

BRIER CREEK OFFICE  
10208 CERNY ST. STE 300  
Raleigh, NC 27617  
919.354.1290

GARNER OFFICE  
300 Health Park Dr. Ste 210  
Garner, NC 27529  
919.662.8181

WAKE FOREST OFFICE  
835B Wake Forest Business Park  
Wake Forest, NC 27587  
919.556.8454

## Outside Office Allergy Shot Tentative Dosage Schedule – Green 1:1,000 v/v

### Prescription for Vials is Attached

Before giving each injection ask patient if they have had increased asthma symptoms (chest tightness, increased cough, wheezing, or shortness of breath) in the past week? And/or had a recent cold, respiratory tract infection, COVID-19 infection or pending tests, or flu-like symptoms in the past two weeks? If **YES**, to either of those questions, **NO SHOT** should be given that day until symptoms are better controlled.

Recommended Dosing Schedule: Volume (mL) to be injected each visit in each vial’s column. Enter the date the injection is administered. Write R or L arm for injection given for right or left arm, respectively.

<b>Vial A:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

<b>Vial B:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

**To Allow Enough Time for Extract Preparation, Return this Form Via Fax (919-788-9007) after the YELLOW VIAL build up or the 8<sup>th</sup> shot for RED VIAL maintenance is Completed. Allow up to 2 weeks to receive vials (weather permitting).**

WEST RALEIGH OFFICE  
 4600 Lake Boone Trail, Ste 100  
 Raleigh, NC 27607  
 919.787.1374

CARY OFFICE  
 1505 SW CARY PKWY, STE 301  
 Raleigh, NC 27511  
 919.367.9774

HOLLY SPRINGS OFFICE  
 781 Avent Ferry Rd. STE 300  
 Holly Springs, NC 27540  
 919.781.7171

BRIER CREEK OFFICE  
 10208 CERNY ST. STE 300  
 Raleigh, NC 27617  
 919.354.1290

GARNER OFFICE  
 300 Health Park Dr. Ste 210  
 Garner, NC 27529  
 919.662.8181

WAKE FOREST OFFICE  
 835B Wake Forest Business Park  
 Wake Forest, NC 27587  
 919.556.8454

## Outside Office Allergy Shot Tentative Dosage Schedule – Blue 1:100 v/v

### Prescription for Vials is Attached

Before giving each injection ask patient if they have had increased asthma symptoms (chest tightness, increased cough, wheezing, or shortness of breath) in the past week? And/or had a recent cold, respiratory tract infection, COVID-19 infection or pending tests, or flu-like symptoms in the past two weeks? If **YES**, to either of those questions, **NO SHOT** should be given that day until symptoms are better controlled.

Recommended Dosing Schedule: Volume (mL) to be injected each visit in each vial’s column. Enter the date the injection is administered. Write R or L arm for injection given for right or left arm, respectively.

<b>Vial A:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

<b>Vial B:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

**To Allow Enough Time for Extract Preparation, Return this Form Via Fax (919-) After the YELLOW VIAL build up or the 8<sup>th</sup> shot for RED VIAL maintenance is Completed. Allow up to 2 weeks to receive vials (weather permitting).**

WEST RALEIGH OFFICE  
4600 Lake Boone Trail, Ste 100  
Raleigh, NC 27607  
919.787.1374

CARY OFFICE  
1505 SW CARY PKWY, STE 301  
Raleigh, NC 27511  
919.367.9774

HOLLY SPRINGS OFFICE  
781 Avent Ferry Rd. STE 300  
Holly Springs, NC 27540  
919.781.7171

BRIER CREEK OFFICE  
10208 CERNY ST. STE 300  
Raleigh, NC 27617  
919.354.1290

GARNER OFFICE  
300 Health Park Dr. Ste 210  
Garner, NC 27529  
919.662.8181

WAKE FOREST OFFICE  
835B Wake Forest Business Park  
Wake Forest, NC 27587  
919.556.8454

## Outside Office Allergy Shot Tentative Dosage Schedule – Yellow 1:10 v/v

### Prescription for Vials is Attached

Before giving each injection ask patient if they have had increased asthma symptoms (chest tightness, increased cough, wheezing, or shortness of breath) in the past week? And/or had a recent cold, respiratory tract infection, COVID-19 infection or pending tests, or flu-like symptoms in the past two weeks? If **YES**, to either of those questions, **NO SHOT** should be given that day until symptoms are better controlled.

Recommended Dosing Schedule: Volume (mL) to be injected each visit in each vial’s column. Enter the date the injection is administered. Write R or L arm for injection given for right or left arm, respectively.

<b>Vial A:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

<b>Vial B:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		Go to Next Vial		
8.				
9.				
10.				

**To Allow Enough Time for Extract Preparation, Return this Form Via Fax (919-788-9007) after the YELLOW VIAL build up or the 8<sup>th</sup> shot for RED VIAL maintenance is Completed. Allow up to 2 weeks to receive vials (weather permitting).**

WEST RALEIGH OFFICE  
4600 Lake Boone Trail, Ste 100  
Raleigh, NC 27607  
919.787.1374

CARY OFFICE  
1505 SW CARY PKWY, STE 301  
Raleigh, NC 27511  
919.367.9774

HOLLY SPRINGS OFFICE  
781 Avent Ferry Rd. STE 300  
Holly Springs, NC 27540  
919.781.7171

BRIER CREEK OFFICE  
10208 CERNY ST. STE 300  
Raleigh, NC 27617  
919.354.1290

GARNER OFFICE  
300 Health Park Dr. Ste 210  
Garner, NC 27529  
919.662.8181

WAKE FOREST OFFICE  
835B Wake Forest Business Park  
Wake Forest, NC 27587  
919.556.8454

## Outside Office Allergy Shot Tentative Dosage Schedule – Build-Up Red 1:1 v/v

### Prescription for Vials is Attached

Before giving each injection ask patient if they have had increased asthma symptoms (chest tightness, increased cough, wheezing, or shortness of breath) in the past week? And/or had a recent cold, respiratory tract infection, COVID-19 infection or pending tests, or flu-like symptoms in the past two weeks? If **YES**, to either of those questions, **NO SHOT** should be given that day until symptoms are better controlled.

Recommended Dosing Schedule: Volume (mL) to be injected each visit in each vial’s column. Enter the date the injection is administered. Write R or L arm for injection given for right or left arm, respectively.

<b>Vial A:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		0.50		
8.		0.50		
9.		0.50		
10.		0.50		

<b>Vial B:</b>				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.05		
2.		0.10		
3.		0.20		
4.		0.30		
5.		0.40		
6.		0.50		
7.		0.50		
8.		0.50		
9.		0.50		
10.		0.50		

**To Allow Enough Time for Extract Preparation, Return this Form Via Fax (919-788-9007) after the YELLOW VIAL build up or the 8<sup>th</sup> shot for RED VIAL maintenance is Completed. Allow up to 2 weeks to receive vials (weather permitting).**

WEST RALEIGH OFFICE  
 4600 Lake Boone Trail, Ste 100  
 Raleigh, NC 27607  
 919.787.1374

CARY OFFICE  
 1505 SW CARY PKWY, STE 301  
 Raleigh, NC 27511  
 919.367.9774

HOLLY SPRINGS OFFICE  
 781 Avent Ferry Rd. STE 300  
 Holly Springs, NC 27540  
 919.781.7171

BRIER CREEK OFFICE  
 10208 CERNY ST. STE 300  
 Raleigh, NC 27617  
 919.354.1290

GARNER OFFICE  
 300 Health Park Dr. Ste 210  
 Garner, NC 27529  
 919.662.8181

WAKE FOREST OFFICE  
 835B Wake Forest Business Park  
 Wake Forest, NC 27587  
 919.556.8454