

Outside Office Allergy Shot Tentative Dosage Schedule – Maintenance Red 1:1 v/v

Prescription for Vials is Attached

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.

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

Vial B:				
Date Given	R or L Arm	Recommended Dose (mL)	Dose Given (mL)	Reactions and/or Comments
1.		0.30		
2.		0.40		
3.		0.50		
4.		0.50		
5.		0.50		
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 8th 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