

Sublingual Immunotherapy Pre-Dose Checklist & Administration Record

Patient Name: _____ DOB: _____

*****CONTACT PHYSICIAN IF ANY “YES” RESPONSES TO SLIT PRE-DOSE CHECKLIST*****

1. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No	11. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No
2. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No	12. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No
3. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No	13. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No
4. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No	14. Date: __/__/____ Any “Yes” marked on SLIT Pre-Dose Checklist? Yes No Physician contacted (if needed)? Yes No SLIT dose administered? Yes No
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 Garner, NC 27529
 919.662.8181

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

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