



WESTERN COMPOUNDED SUBCUTANEOUS IMMUNOTHERAPY SKIN TEST REACTION CHART & PRESCRIPTION ORDER

*Western Allergy Services requires this form to be filled out for all named patient vaccine and maintenance (renewal) orders. The ordering physician MUST select the allergens to be used in the named patient vaccine. Orders cannot be processed without a physician's signature. For reorders with no changes, fill out only first page, add physician signature. Our compounding lab can customize any order. * Please save in PDF file format for office use. Thank You

PATIENT INFORMATION:	
NAME:	D.O.B. (MM/DD/YYYY):
ADDRESS:	
PHONE:	EMAIL:

PHYSICIAN	
NAME:	LICENSE #:
ADDRESS:	
PHONE:	FAX:
EMAIL:	

BILL TO:	
NAME:	PHYSICIAN <input type="checkbox"/> PHARMACY <input type="checkbox"/> PATIENT <input type="checkbox"/>
ADDRESS:	
PHONE:	FAX:
EMAIL:	
PAYMENT: VISA <input type="checkbox"/> M/C <input type="checkbox"/> NUMBER: CVC: EXPIRY:	EFT: WESTERN ALLERGY etransfer@westernallergy.com

SHIP TO:	
NAME:	PHYSICIAN <input type="checkbox"/> PHARMACY <input type="checkbox"/> PATIENT <input type="checkbox"/>
ADDRESS:	
PHONE:	FAX:
EMAIL:	

AQUEOUS TREATMENT SET (SCIT)	AQUEOUS 4 VIAL SET CONSISTS OF 5ml:
<input type="checkbox"/> Initial 4 Vial Set 5ml <input type="checkbox"/> Maintenance Vial #4 Custom Dosage Notes / LOT #	Vial #4 1:1 v/v RED Vial #3 1:10 v/v YELLOW Vial #2 1:100 v/v BLUE Vial #1 1:1000 v/v GREEN

ALUM PRECIPITATED TREATMENT SET 5000 PNU/ml	
<input type="checkbox"/> Pre-Seasonal (3 vial treatment set) <input type="checkbox"/> Co-Seasonal (3 vial treatment set) <input type="checkbox"/> Maintenance (Single Vial Reorder) Set 1 _____ Set2 _____	(A1) Tree Mix 9 (A3) Weed Mix 6 (A2) Grass Mix 5 (A4) Mixed Ragweed (A5) Tree/ Grass (A6) Grass/ Weed (A7) Tree/ Grass/ Weed

- FOR ORDER TRANSPARENCY:
 - Our unique order form enables you to clearly select the amount of bulk antigen used in the compounding. There are 2 choices depending on the sensitivity of the patient. Standard dosage can be selected and is the volume of bulk extract at the indicated strength to provide a full therapeutic dose based on the North American practice parameters. There is a second option of a half dose for SENSITIVE patients. There is also the option of a custom strength.
- PLEASE LIMIT TO 6 ANTIGENS PER SET (MIXES COUNT AS 1).
- PLEASE NOTE THAT IF USING MIXES YOU DO NOT ALWAYS NEED THE INDIVIDUAL ANTIGENS AS WELL.
- PRESCRIPTION WILL ARRIVE WITH SUGGESTED DOSAGE AND FILL RECEIPT INDICATING ALL ALLERGENS AND STRENGTHS
- PLEASE IDENTIFY SET #1 or #2 ON REACTION CHART
- TO COMPLETE THE FORM ONLINE, SAVE AND FILL OUT USING A PDF VIEWER
- MOULDS CANNOT BE MIXED WITH POLLENS
- ALL ORDERS UNDERGO A STERILITY TEST

PLEASE CHOOSE ONE OF THE FOLLOWING						PHYSICIAN SIGNATURE: DATE: PATIENT NAME: _____ D.O.B.: _____									
<input type="checkbox"/> STANDARD DOSAGE															
Set 1	Set 2														
<input type="checkbox"/> SENSITIVE DOSAGE															
Set 1	Set 2														
<input type="checkbox"/> CUSTOM DOSAGE															
Set 1	Set 2														

GRASS	CONC	STD.	SENS.	Custom	TEST(X)	RESULT	SET #	TREES	CONC	STD.	SENS.	Custom	TEST(X)	RESULT	SET #
Velvet Grass	1:20	0.25ml	0.125ml					Tree Mix 9	1:20 w/v	0.25ml	0.125ml				
Std Sweet Vernal	100,000 BAU/mL	0.1ml	0.05ml					White Ash	1:20 w/v	0.25ml	0.125ml				
Std Rye	100,000 BAU/mL	0.1ml	0.05ml					White Birch	1:20 w/v	0.25ml	0.125ml				
Std Grass Mix 5	100,000 BAU/mL	0.1ml	0.05ml					Hazelnut	1:20 w/v	0.25ml	0.125ml				
Std June/ (Bluegrass)	100,000 BAU/mL	0.1ml	0.05ml					American Elm	1:20 w/v	0.25ml	0.125ml				
Std Timothy	100,000 BAU/mL	0.1ml	0.05ml					Black Willow	1:20 w/v	0.25ml	0.125ml				
Std Orchard	100,000 BAU/mL	0.1ml	0.05ml					Sugar Maple	1:20 w/v	0.25ml	0.125ml				
Std Red top	100,000 BAU/mL	0.1ml	0.05ml					American Sycamore	1:20 w/v	0.25ml	0.125ml				
Std Fescue	100,000 BAU/mL	0.1ml	0.05ml					Cottonwood / (Poplar)	1:20 w/v	0.25ml	0.125ml				
Brome	1:20 w/v	0.25ml	0.125ml					White Oak	1:20 w/v	0.25ml	0.125ml				
Johnson Grass	1:20 w/v	0.25ml	0.125ml					Alder	1:20 w/v	0.25ml	0.125ml				
Bahia Grass	1:20 w/v	0.25ml	0.125ml					White Pine/ (White Cyprus)	1:20 w/v	0.25ml	0.125ml				
WEEDS	CONC	STD.	SENS.	Custom	TEST(X)	RESULT	SET #	INHALANT	CONC	STD.	SENS.	Custom	TEST(X)	RESULT	SET #
Weed Mix 4	1:20 w/v	0.25ml	0.125ml					STD Mixed Mites	10,000 AU/ml	0.5ml	0.25ml				
Ragweed Mix	1:20 w/v	0.25ml	0.125ml					Std Mites D.Far	10,000 AU/ml	0.5ml	0.25ml				
Russian Thistle	1:20 w/v	0.25ml	0.125ml					Std Mites D.Pter	10,000 AU/ml	0.5ml	0.25ml				
Lamb's Quarter	1:20 w/v	0.25ml	0.125ml					Std Cat Mix	10,000 BAU/ml	1ml	0.5ml				
English Plantain	1:20 w/v	0.25ml	0.125ml					Dog Epithelium	1:20 w/v	0.25ml	0.125ml				
Goldenrod	1:20 w/v	0.25ml	0.125ml					Feathers	1:20 w/v	0.25ml	0.125ml				
Kochia	1:20 w/v	0.25ml	0.125ml					Horse	1:20 w/v	0.25ml	0.125ml				
Pigweed	1:20 w/v	0.25ml	0.125ml					Cow	1:20 w/v	0.25ml	0.125ml				
Cocklebur	1:20 w/v	0.25ml	0.125ml					MOULDS	CONC	STD.	SENS.	Custom	TEST(X)	RESULT	SET #
Dandelion	1:20 w/v	0.25ml	0.125ml					Mixed Moulds 4	1:20 w/v	0.25ml	0.125ml				
Sheep Sorrel	1:20 w/v	0.25ml	0.125ml					Penicillium	1:20 w/v	0.25ml	0.125ml				
Marsh Elder Rough	1:20 w/v	0.25ml	0.125ml					Alternaria	1:20 w/v	0.25ml	0.125ml				
Yellow Dock	1:20 w/v	0.25ml	0.125ml					Aspergillus	1:20 w/v	0.25ml	0.125ml				
								Cladosporium	1:20 w/v	0.25ml	0.125ml				
CONTROL	Pos. Histamine Control	Test (X)	Result	Neg. Control	Test (X)	Result									