

AIS – REFERRING ALLERGIST AGREEMENT

Purdue University Student Health Services
601 Stadium Mall Drive.
West Lafayette, IN 47907

Phone: 765-494-1818
Fax: 765-496-3205

PATIENT INFORMATION

Name: _____ DOB: _____

ALLERGY INJECTION PROVIDER AGREEMENT – SUMMARY

By signing below, I agree to the following for my patient’s allergy immunotherapy at PUSH:

FORMS AND INSTRUCTIONS:

- Must complete **PUSH Allergen Immunotherapy Order Form** (no “see attached”).
- Incomplete forms may delay or prevent care.
- **PUSH does not initiate allergy injections** (i.e., we do not administer the very first injection of an immunotherapy treatment series).
 - **PUSH can administer:**
 - First injections from **subsequent vials** and **dilutions**, as long as proper documentation is provided.
- PUSH does **not** administer:
 - **Rapid desensitization** or **cluster** shots.
 - **Mixing or dilution of allergy extracts – this must be done by the prescribing provider. PUSH only administers pre-mixed, pre-diluted extracts supplied by the provider.**
- Vials must be **shipped** from the provider’s office (not hand-carried) and clearly labeled:
 - Patient name, DOB, contents, dilution, expiration.
- Vials may be returned during school breaks upon request (Mon–Wed via FedEx).
- **Expired vials** or those unused for **90+ days** may be discarded; provider will be notified.
- Patient must bring a **valid, unexpired EpiPen** to each visit—no exceptions.
- **30-minute observation** post-injection is mandatory.
- Provider remains responsible for:
 - All **dose changes** (due to missed injections or reactions).
 - Ongoing immunotherapy management.
 - Communicating instructions clearly, using PUSH forms.
- ***If my office has multiple locations, it is my responsibility to provide the phone and fax numbers to the location where the patient receives allergy injections to ensure continuity of care.***
- Verbal orders require written confirmation within **30 days**.
 - Bring own **peak flow meter** if required.
 - Take **antihistamines** prior to appointment (if not provided by PUSH).

- Any prescriptions can be sent to Purdue Pharmacy, phone (765)494-1374, fax (765) 496-6094, or a pharmacy of their choice.
- Reactions will be managed by PUSH staff; severe cases may be referred to local emergency care.
- The provider will be notified of any emergency or systemic reaction.
- No unsafe abbreviations or formatting (e.g., no trailing zeros: use "2" not "2.0"; use "0.5" not ".5").

Provider Signature: _____

Date: _____

PUSH will accept the following legal signatures:

Hand-signed (wet signature)

Provider's unique signature stamp

Time stamped and validated electronic signature

PLEASE FAX COMPLETED FORMS TO 765-496-3205