Dear Doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Indiana University of Pennsylvania (IUP) Health Services is offering to administer allergy immunotherapy injections prescribed by you to your patient:

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_

The Health Service policy requires a physician to supervise the allergy clinic. In the event of a systemic reaction we have available IV therapy, Oxygen Therapy, IM medications, Epinephrine, Decadron, Benadryl, Solumedrol, nebulizer therapy, suction machine and AED. We also require all nursing staff to be recertified annually in basic life support. In the event that a student has an adverse reaction to their injection, the onsite physician is notified immediately. If epinephrine is given the patient will be transported by ambulance to Indiana Regional Medical Center (IRMC) ER. Local ambulance response time is very prompt. IRMC hospital is less than one mile away.

We would like to continue offering allergy injections to your patient while they are a student at IUP. Our goal is to administer these injections in a consistent, safe, and timely manner. However, your patient’s immunotherapy treatment will need to be placed on hold until we receive this letter accepting our procedure for treating systemic reactions. If you are in agreement, this notification will be in effect for your patient while attending IUP or until a change is noted in your requirements.

Please acknowledge receipt of this letter and your agreement with our protocol by signing and returning this letter to IUP Health Services.

Sincerely,

Center for Health and Well Being

Health Service Staff

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Signature of physician/allergist Date