MEDICAL RECORD	ALLERGY IMMUNOTHERAPY RECORD For use of this form see AR 40-66; the proponent agency is the TSG.	DOUBLE EXTRACT

RE-EVALUATION DUE	RE-EVALUATION DUE
PRESCRIPTION NUMBER	PRESCRIPTION NUMBER
EXTRACT CONTENT	EXTRACT CONTENT
HISTORY OF SYSTEMIC SHOT REACTIONS? ☐ YES	ON BETA BLOCKERS? ☐ YES ☐ NO

DATE *(YYYYMMDD)*	TIME	ARM/ DOSE	REACTIONS OR SPECIAL INSTRUCTIONS	TECH INITIALS	DATE *(YYYYMMDD)*	TIME	ARM/ DOSE	REACTIONS OR SPECIAL INSTRUCTIONS	TECH INITIALS

PATIENT'S IDENTIFICATION	*(For typed or written entries give Name - last, first, middle, SSN; DOB; sex; treating facility)*	NURSING PERSONNEL INITIALS			
		NAME	INITIALS	NAME	INITIALS