



**Xavier University of Louisiana**  
 Office of Student Health Services  
 1 Drexel Drive Box 36  
 New Orleans, LA 70125

Office: (504)520-7396  
 Fax:(504) 520-7962

Dear Physician:

Xavier University Student Health Services is pleased to administer your patient prescribed Allergy immunotherapy.

Patient's Full Name \_\_\_\_\_ DOB: \_\_\_\_\_

**Initial dose(s) of the allergy serum must be administered in the prescribing allergist's office.** To assure our standards of quality care are met, the following information must be provided for all new vials of serum.

**Vial Labels** must contain patient name, concentration and antigen content, number, letter, or color to correspond with MD's written orders and expiration date.

**Allergists' Orders** must contain schedule indicating amount and frequency of each injection and the code for any abbreviation, instructions for missed/late injections and number of vials.

Does your patient have any chronic or severe illness that might affect general health or desensitization schedule? YES \_\_\_ NO \_\_\_

If so, please indicate: Asthma \_\_\_ Cardiac \_\_\_ Other \_\_\_\_\_

What medication(s) is your patient presently taking? \_\_\_\_\_

Has the patient had any significant local or systemic reactions to antigens? YES \_\_\_ NO \_\_\_

If yes, please indicate to what antigen and the treatment you used for the adverse reaction.

**We observe our students for 30 minutes in order to evaluate their reaction.**

Local reactions are graded and managed according to Xavier University Student Health Policy, unless the prescribing allergist provide their specific guidelines.

- A. negative swelling up to 15mm      progress according to schedule
- B. swelling 16 – 20mm                      repeat the last dose
- C. swelling 21 – 25mm                      return to last dosage that was negative
- D. delayed or persistent swelling, more than 12 hours      return to previous well tolerated dose proceed with caution according to schedule

**If a student sustains a systemic reaction; their allergist must be contacted to provide directions for further injections.**

Your office contact person: Name: \_\_\_\_\_

Office Phone Number: \_\_\_\_\_ Office Fax Number: \_\_\_\_\_

**You may mail or give the serum to your patient who will bring it to Student Health Services, or overnight mail it to us to arrive before 4:00p.m. Friday afternoon.**

Feel free to contact us for any questions and thanks for your assistance (504)520-7396 or fax (504)520-7962

Robert Mercadel, MD,  
 Medical Director, Xavier University Student Health