

NCSU Student Health Services
Campus Box 7304
Raleigh, N.C. 27695-7304
Phone (919) 515-2563
Fax (919) 513-3025

Physician Order for Allergy Immunotherapy

Please read the information below and sign your name at the bottom acknowledging that you have read and agree with the following requests:

1. As the allergy physician for _____, I
(Students name-please print)

hereby authorize NC State University Student Health Services to administer allergy immunotherapy to the student according to the instructions and schedules submitted by me.

2. When new telephone orders are submitted, we request that your office send a faxed copy of that order by the next business day to (919) 513-3025.
3. We ask that you do not send us new allergy serum vials directly. Please send new serum vials directly to your patient.
4. No expired serum will be administered.
5. The initial allergy injection must be given at the allergist's office.

Date: _____

M.D. signature: _____

Printed M.D. name: _____

Thank you.

We look forward to working with you and your office in providing care for your NC State student patient.

Elizabeth Miller, D.O.