

ALLERGY & ASTHMA SPECIALISTS, P.C.

SCHOOL FORM REQUEST

Patient: _____ DOB: _____ Date: _____

Provide the following information and return to our office. The office will provide internal forms in replace of the forms provided by camp or school. Please allow the office five (5) business days to complete.

Please indicate your preference for return:

Patient Portal Mail Home Pick Up Fax to _____

EMERGENCY TREATMENT

Select the epinephrine device that will be provided to school/camp:

Auvi-Q EpiPen (Mylan epinephrine)

Patient weight:

less than 33 lbs. 33 lbs. to 50 lbs. 50 lbs. or greater

List allergies that epinephrine is prescribed for:

ASTHMA RESCUE MEDICATION

Select quick-relief medication that will be provided to school/camp:

Albuterol sulfate (ProAir HFA or RespiClick, Proventil HFA, Ventolin HFA)

Levalbuterol tartrate (Xopenex HFA)

Combivent Respimat

Nebulizer