

TRANSMISSION VERIFICATION REPORT

TIME : 07/30/2021 15:52
NAME : AUM
FAX : 3342443396
TEL :
SER.# : BROD8J659256

DATE, TIME
FAX NO./NAME
DURATION
PAGE(S)
RESULT
MODE

07/30 15:50
9133452800799741319
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04
OK
STANDARD

P.O. Box 244023
Montgomery, AL 36124
Phone: 334-244-3281
Fax: 334-244-3396



AUBURN UNIVERSITY
AT MONTGOMERY

WARHAWK HEALTH SERVICES

Attn: Kaitlyn

To: Allergy Asthma & Immunology From: Daedra M

Fax: 334-528-0079 Pages: 3

Phone: Date 7-30-21

Re: T. Bottoms cc:

☐ Urgent ☒ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Comments: Pt. started receiving injections here November 2020.

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**ALLERGY ASTHMA
& IMMUNOLOGY**
OF EAST ALABAMATo: AVM

From: Kaitlyn, RN

Fax: 334-244-3396Pages: 3 including coverPhone: 334-244-3281Date: 7-30-21Re: T. Bottoms

CC:

☒ Urgent☐ For Review☐ Please Comment☒ Please Reply

Comments:

I received your clinic notes from the patient, but some of them do not specify which dose were given. A copy of logs like these should have been sent along with her vials. This is what we ask you to use so we can scan it in our system and easily view her shot history. Please put your information on these sheets beginning with August 2020 (when these vials were sent)

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Aeroallergen Immunotherapy Schedule Maintenance - Mix A

**East Alabama
Allergy and Asthma**
121 N. 20th St., Bldg. 7, Opelika, AL 36801
P (334) 528-0078 | F (334) 528-0079 | EAAllergy.com

Patient: Bottoms, Tiffany

DOB: 06/21/1977

ACCT #: 27882-EAAA

Mix: A

Vial Color: Silver

Vial#: 5

Exp. (12 mo): 8/7/21

Conc: 1:1

Dx: J30.1 Pollens J30.81 Animals

Cont: Animal Pollen,
Weed Pollen

Bill: 95117

1. Maintain Allergy shots per physician's orders
2. Goal 0.3 mL from full strength silver vial(s)
3. Epinephrine injector not applicable
4. Peak flow not indicated

Missed Doses

- 2 weeks or less: Follow schedule
- 15 – 21 days: Repeat last dose
- 22 – 28 days: Decrease dose by one increment
- 29 – 35 days: Decrease dose by two increments
- > 4 weeks: Notify physician.

Management of Reactions

Local Reaction During Visit:

- Negative <15 mm swelling: Advance next dose
- 15 – 20 mm swelling: Repeat last dose
- 20 – 25 mm swelling: Decrease next dose by one increment
- >25 mm swelling ≤8 hours: Decrease next dose by two increments

Systemic Symptoms: Treat Anaphylaxis.

Delayed Local Reaction (local swelling, redness, warmth 8-24 hours after shot): Decrease next dose by 50%

Dosing Schedule:

Maintenance 0.3 ml every 4 weeks

If a new maintenance vial is mixed, then start weekly from that fresh vial at 0.1ml then 0.2ml then 0.3ml, at current frequency

Dosing Schedule Notes:

**** Please fax form back to (334) 528-0079 once this page is complete. Thank you**

Shot #	Date & Time	Vial	Dose	Site		Admin. By	Reactions/Comments
				L	R		
1.	11/19/20 14:40	A	0.3		✓	AM	
2.	12/8/20 8:23	A	0.3		✓	JH	
3.	01/15/21 8:30	A	0.3		✓	JH	
4.	2/14/21 8:40	A	0.3		✓	AM	
5.	3/16/21 8:35	A	0.3		✓	JH	
6.	4/15/21 4:04	A	0.3		✓	JH	
7.	5/14/21 8	A	0.3		✓	JH	
8.	6/21/21	A	0.3ml		✓	LB	
9.	7/21/21 8:45	A	0.3ml		✓	LB	
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							

Aeroallergen Immunotherapy Schedule Maintenance - Mix B

**East Alabama
Allergy and Asthma**
121 N. 20th St., Bldg. 7, Opelika, AL 36801
P (334) 528-0078 | F (334) 528-0079 | EAAllergy.com

Patient: Bottoms, Tiffany
DOB: 06/21/1977
ACCT #: 27882-EAAA

Mix: B **Vial Color:** Silver
Vial#: 5 **Exp. (12 mo):** 8/7/21
Conc: 1:1 **Dx:** J30.1 Pollens J30.81 Animals
Cont: Grass pollens, Tree Pollens **Bill:** 95117

1. Maintain Allergy shots per physician's orders
2. Goal 0.3 mL from full strength silver vial(s)
3. Epinephrine injector not applicable
4. Peak flow not indicated

Missed Doses

- 2 weeks or less: Follow schedule
- 15 – 21 days: Repeat last dose
- 22 – 28 days: Decrease dose by one increment
- 29 – 35 days: Decrease dose by two increments
- > 4 weeks: Notify physician.

Management of Reactions

Local Reaction During Visit:

- Negative <15 mm swelling: Advance next dose
- 15 – 20 mm swelling: Repeat last dose
- 20 – 25 mm swelling: Decrease next dose by one increment
- >25 mm swelling ≤8 hours: Decrease next dose by two increments

Systemic Symptoms: Treat Anaphylaxis.

Delayed Local Reaction (local swelling, redness, warmth 8-24 hours after shot): Decrease next dose by 50%

Dosing Schedule:

Maintenance 0.3 ml every 4 weeks

If a new maintenance vial is mixed, then start weekly from that fresh vial at 0.1ml then 0.2ml then 0.3ml, at current frequency

Dosing Schedule Notes:

**** Please fax form back to (334) 528-0079 once this page is complete. Thank you**

Shot #	Date & Time	Vial	Dose	Site		Admin. By	Reactions/Comments
				L	R		
1.	11/19/20 14:40	B	0.3	✓		A.M.	
2.	12/18/20 8:23	B	0.3	✓		J.H.	
3.	01/15/21 8:31	B	0.3	✓		J.H.	
4.	2/16/21 8:40	B	0.3	✓		AM	
5.	3/16/21 8:30	B	0.3	✓		JH	
6.	4/15/21 9:04	B	0.3	✓		JH	
7.	5/14/21	B	0.3	✓		JH	
8.	6/21/21	B	0.3ml	✓		LB	
9.	7/21/21 8:45	B	0.3ml	✓		LB	
10.							
11.							
12.							
13.							
14.							
15.							
16.							
17.							
18.							