

**ADMINISTRATION OF
ALLERGY IMMUNOTHERAPY INSTRUCTIONS**

Students

Students requesting allergy immunotherapy at Northwestern Medicine Student Health Service must complete this form. Read instructions carefully before you complete the Consent for Administration of Allergy Immunotherapy forms.

Deadlines

The Allergy Clinic must receive this form and documents that go with it before you can schedule your first appointment. This order will expire each year on August 31. You will need to complete new release forms to continue immunotherapy.

Referring allergist

Have your referring allergist read and complete the Referring Allergist Agreement.

Extract shipping

Your referring allergist must ship allergy extracts **overnight via UPS or FedEx** (not U.S. Postal Service) to Northwestern Medicine Student Health Service. We will not accept allergy extracts shipped in other ways. We will overnight ship to your allergist's office upon request.

Scheduling

To schedule an appointment for allergy shots, call 847.491.8100. We give priority to patients who are on schedule for immunotherapy.

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Personal information

Provide personal information for you and your referring allergist in the table below:

Student and Referring Allergist Information			
Student Information			
Last Name		First Name	
Middle Name		Preferred Name	
Date of Birth (MM/DD/YYYY)		Student ID (Wildcard number)	
Allergist Information			
Last Name		First Name	
Office Telephone		Office Fax	
Address	<hr/> <hr/>		

Keep a copy of this form for your reference. Submit this form, the Referring Allergist Agreement form and the Student Agreement for Allergy Immunotherapy Administration form to:

Northwestern Medicine Student Health Service
633 Emerson Street
Evanston, IL 60208