

Northwestern Medicine
Student Health Services – Evanston
Allergy Clinic
Fax: 847.491.5919

Administration of Allergy Immunotherapy Instructions

Students

Read instructions carefully prior to completing the Consent for Administration of Allergy Immunotherapy forms. Students requesting allergy immunotherapy administration at Northwestern Medicine Student Health Services (NMSHS) are required to complete this form.

Deadlines – . This order will expire August 31st each year, and new release forms must be completed to continue immunotherapy.

Referring Allergist

Have your referring allergist read and complete the [Referring Allergist Agreement](http://www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/assets/allergy-agreement.pdf) at:
www.northwestern.edu/healthservice-evanston/medical-services/allergy-shots/assets/allergy-agreement.pdf

Extract Shipping:

Allergy extracts must be shipped overnight via UPS or FedEx (not US Postal Service) from referring allergist's office to Northwestern Medicine Student Health Services. No extract otherwise transported will be accepted. NMSHS will ship overnight to student's allergist's office upon request.

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			

Keep a copy of this form for your reference and submit the form to:
Northwestern Medicine Student Health Services, 633 Emerson Street, Evanston IL 60208 along with
Referring Allergist Agreement and *Student Immunotherapy Agreement*

Rev. 8/18/22