Sublingual Immunotherapy

Patient: _____ DOB: _____ Doctor: _____

MAINTENANCE SCHEDULE

Directions: Each dose should be applied under the tongue and held there for two minutes. Swallow the dose afterwards. **If local mouth itching occurs, then spit out the dose.** Please report any symptoms under "Remarks", such as itching in mouth, swelling under tongue, upset stomach, rashes, etc.

Each vial contains a 1.5 month- supply. Take 0.25 mL (5 drops) once daily.

POLLEN VIAL		DME VIAL	
Date	**Remarks**	**Date**	**Remarks**

POLLEN VIAL		DME VIAL	
Date	**Remarks**	**Date**	**Remarks**
You now have approximately 2 weeks of drops left. Please call to reorder next vial(s).			

Things to know:

- Refrigerate your vials. Call our office to reorder within two weeks before they are empty.
- Always take the same dose from each vial. We want the vials to empty at the same time.
- **Missed doses:** 1 week – take the next dose when you remember. 2 + weeks – contact us.
- All patients are required to see the doctor twice a year. Your last office visit was_____.
- Should you have a reaction to your allergy drops (tickle in your throat, itching all over, ect):
    - Take a **Benadryl** (Adult 50 mg or 4 tsp; Child 25 mg or 2 tsp) or **Liquid Zyrtec** followed by **Zantac** (Adult 150 mg; Child 75 mg)
- Should symptoms worsen (throat closing up, tightness in chest, etc.):
    - **Use your Epi-Pen and Dial 911**