

ALLERGY CLINIC PHONE: (352) 294-7472

LOCATION: Special Clinics, 1st Floor, Student Health Care Center, 2140 Stadium Rd | P.O. Box 117500

HOURS: Monday, Tuesday, Thursday, & Friday, 8-11:45am & 1-3:45pm; Wednesday, 9-11:45am & 1-3:45pm

Welcome to the Student Health Care Center (SHCC) Allergy Injection Clinic. This clinic is managed by a Registered Nurse. All new patients must have an initial evaluation by an SHCC Provider (MD, ARNP, PA) before they can be seen by the Nurse.

We have many allergy patients, each with different orders. Therefore, for your safety, and to facilitate the transfer of your allergy treatment to our clinic, our protocols mandate:

1. A letter or an order signed by the MD requesting the administration of allergy injections as indicated on the written instructions that are sent with each vial. This can be written on an RX pad. Any information pertinent to a treatment plan should be sent along with this order.
2. An instruction sheet with your physician's name, address, phone and fax numbers.
3. Clearly written instructions for each vial, including contents, strength, dosage and frequency of each injection, with a schedule to follow for missed injections, local and systemic reactions.
4. Each vial should be clearly labeled with:
 - a. Your name
 - b. Name of mix/solution
 - c. Strength of each vial's solution
 - d. Expiration date
5. Results of the scratch, intradermal or rast testing are helpful, and it is requested that these be included in the initial paperwork.
6. If you are just starting allergy injections, it is highly recommended that your first allergy injections be given at your allergist's office.
7. We will **NOT** mix or dilute any extracts. This must be done by your prescribing allergist.
8. The first dose from a fresh vial of insect venom extract must be given in your allergist's office unless cleared by our Medical Director.
9. There is a charge associated with injections. Please verify with your insurance that injections will be covered at the SHCC. You may want to consider a University-sponsored insurance plan.

These requirements are for your safety. Failure to comply will delay or even prevent your receiving our services.

SEND VIALS AND CORRESPONDENCE TO:

**UNIVERSITY OF FLORIDA
Student Health Care Center
ATTN: ALLERGY INJECTION CLINIC
2140 Stadium Rd | P.O. Box 117500
Gainesville, Florida 32611-7500
Phone: (352) 294-7472
Fax: (352) 294-1038**