

Management of Missed Injection: (According to the # of days *since* last injection)

During Build-Up Phase	After Reaching Maintenance
___ to ___ days continue as scheduled	___ to ___ days maintain maintenance dose
___ to ___ days repeat previous dose	___ to ___ days reduce previous dose by ___ ml
___ to ___ days reduce previous dose by ___ ml	___ to ___ days reduce previous dose by ___ ml
___ to ___ days reduce previous dose by ___ ml	Over ___ days contact office for written instructions
Over ___ days contact office for written instructions	

Reactions

Repeat dose if swelling is > _____ mm and < _____ mm

Reduce by one dose if swelling is > _____ mm

Rebuilding *after missed injections or reactions*

*Pt is to return every _____ days, increasing by _____ ml until _____

Extracts should be shipped:

(All extract is shipped Mon-Tues-Wed from PUSH as Next Day delivery with tracking number available)

- No ice
- On ice

Provider Signature: _____ Date: _____

PUSH will accept the following legal signatures
 Hand-signed (wet signature)
 Provider's unique signature stamp
 Time stamped and validated electronic signature

Order is valid for one year

