Purdue University Allergy Immunization Services

601 Stadium Mall Dr., West Lafayette, IN 47907, **Ph**: 765-494-1818, **FAX:** 765-496-3205

Patient Name:_____ Date of Birth: _____

Physician/Office: _____ Office Phone: _____ Secure Fax:_____

Office Address: _____

Immunotherapy Extended Build-Up Schedule

Dilution/Color:							
Expiration:							
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
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	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	ml	ml	ml	ml	ml	ml	ml
	Go to next dilution	Go to next dilution	Go to next dilution	Go to next dilution	Go to next dilution	Go to next dilution	Maintenance