Student Health Services
282 The Green Laurel Hall
Newark, DE 19716-8101
Phone: 302-831-9355 (WELL)
Fax: 302-831-6407

Patient Name: _____ Date of Birth: _____/_____/_____

Beta Blocker and Immunotherapy Acknowledgement

Dear Allergist,

The University of Delaware Student Health Services is committed to providing care for our students in the safest and most efficient way possible. It has been a pleasure to share our mutual Immunotherapy patients.

Our Immunization and Allergy Department has received notice that our mutual patient has been prescribed a beta blocker to be used on an as-needed basis. To continue receiving allergy injections at Student Health Services, our team requires your acknowledgement of this intermittent (PRN) prescription. The Allergy and Immunization Department will not administer immunotherapy to patients taking a daily or standing beta blocker prescription. Patients will be required to refrain from all beta blocker use (including intermittent /PRN doses) for 24 hours prior to and 24 hours post-injection. All patients receiving immunotherapy are still required to complete a 30-minute post-injection observation.

Per the University of Delaware Student Health Services policy, patients who are receiving PRN beta blockers must receive approval from their prescribing Allergist prior to any subsequent allergy injection. If approved, our Immunization and Allergy Department will require the patient to complete a "Beta Blocker Denial Attestation" prior to each allergy injection encounter to ensure compliance with this policy.

Our Immunization and Allergy Department understands that this policy may differ from your office policy. If you are not in agreement with the above-mentioned policy, please inform our team and our mutual patient as soon as possible. If any changes to the patient's immunotherapy record are implemented, please provide our staff with written documentation.

Thank you for your attention and cooperation,

Jodie Scott, BSN RN
Immunization and Allergy Nurse Clinic Manager
302-831-2226, option #1 Fax: 302-831-8790

Kelly M. Frick, MD, FAAFP
Medical Director

Allergist Name (Print/Stamp): _____ Phone: _____

Allergist Signature: _____ Date: _____/_____/_____