



HENRY WISE WELLNESS CENTER

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Physician Allergy Injection Information Sheet

Henry Wise Wellness Center offers maintenance phase of allergy injection services. The following information is required prior to the first allergy injection appointment.

1. Name of Student
Date of Birth
2. Diagnosis:
3. Summary of sensitivities/Composition of serum:
4. Dosage and schedule:
5. Directions for care: A. If local reaction occurs: B. If systemic reaction occurs:
6. If student is late for scheduled injection, maximum length of time without dosage change: If on maintenance dose:
I have read the attached letter, understand the content and have completed the above information. I agree to permit my patient to receive allergy injections at the Henry Wise Wellness Center at Bowie State University.
(please print) Physician Name: Address: Phone Number:
Signature of Physician: Date: