



Subcutaneous Immunotherapy Dosing Schedule

End Your Allergies Forever!™

Patient Name: _____ Date of Birth _____ ID: _____

Prescribing Doctor's Name: _____ Allergen Formula _____

Date of Treatment Set Preparation: _____ Expiry date on Vials: _____

Week #	Vial	Dose vol/cc	Date of Administration	Reaction/Comments	Injector Initials
Stage 1					
	Green Vial				
1	1:1000	0.05			
2	1:1000	0.10			
3	1:1000	0.15			
4	1:1000	0.20			
5	1:1000	0.25			
6	1:1000	0.30			
7	1:1000	0.35			
8	1:1000	0.40			
9	1:1000	0.45			
10	1:1000	0.50			
Stage 2					
	Blue Vial				
11	1:100	0.05			
12	1:100	0.10			
13	1:100	0.15			
14	1:100	0.20			
15	1:100	0.25			
16	1:100	0.30			
17	1:100	0.35			
18	1:100	0.40			
19	1:100	0.45			
20	1:100	0.50			
Stage 3					
	Yellow Vial				
21	1:10	0.05			
22	1:10	0.10			
23	1:10	0.15			
24	1:10	0.20			
25	1:10	0.25			
26	1:10	0.30			
27	1:10	0.35			
28	1:10	0.40			
29	1:10	0.45			
30	1:10	0.50			
Stage 4					
	Red Vial				
31	1:1	0.05			
32	1:1	0.10			
33	1:1	0.15			
34	1:1	0.20			
35	1:1	0.25			
36	1:1	0.30			
37	1:1	0.35			
38	1:1	0.40			
39	1:1	0.45			
40	1:1	0.50			