

**Schreiber Allergy**  
**Rachel L. Schreiber, M.D., FAAAAI**

301-545-5512 ■ 301-979-9090 Fax

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's date: \_\_\_\_\_

Please provide a contact number: \_\_\_\_\_

**Please list the facility (Name of School, Day Care, Camp, etc.):** \_\_\_\_\_

**Current Weight** \_\_\_\_\_

Do you need this form for Albuterol? Yes No

If Yes: If your child is in middle school or above, do you want him/her to self carry?

Albuterol should be given (circle one): As needed Before PE and as needed

Do you need this form for Autoinjectible Epinephrine?

If Yes: The foods or allergens to be listed on this forms are: \_\_\_\_\_

The type of Epi you have is (circle one): EpiPen EpiPen Jr

If this form is for additional medications please list below:

<u>Name of Medication</u>	<u>Number of Mg, Tabs, or Inhaled Puffs</u>	<u>Number of times per day (specify if "as needed")</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Where shall we send the completed forms?

\_\_\_ Call to pick up

\_\_\_ Fax (Provide Number \_\_\_\_\_)

\_\_\_ Mail Home

***Each completed form requires a \$10 fee.***  
***Your child must be seen within the past year for form completion.***

For office use only: #Forms \_\_\_\_\_ FC \_\_\_\_\_