Use TAB to move from field to field

PATIENT NAME	PATIENT ID	DOB

HollisterStier Allergy

ComforTen®

RECENT ANTIHISTAMINE/OTHER MEDICATION USE

DATE	MEDICATION

LOCATION ❒ BACK ❒ ARM ❒ _____

DATE	TIME

	Puncture		Intradermal			Puncture		Intradermal		
	W	F	W	F		W	F	W	F	
Panel A										
1					6					
2					7					
3					8					
4					9					
5					10					
Panel B										
1					6					
2					7					
3					8					
4					9					
5					10					
Panel C										
1					6					
2					7					
3					8					
4					9					
5					10					
Panel D										
1					6					
2					7					
3					8					
4					9					
5					10					
Panel E										
1					6					
2					7					
3					8					
4					9					
5					10					
Panel F										
1					6					
2					7					
3					8					
4					9					
5					10					

PRESCRIBING PHYSICIAN	TESTING TECHNICIAN
ADDRESS	
TELEPHONE	FAX