Reset Form

Use TAB to move from field to field

HollisterStier Allergy

ComforTen®

PATIENT NAME	PATIENT ID	DOB

RECENT ANTIHISTAMINE/OTHER MEDICATION USE

DATE MEDICATION

DATE MEDICATION

LOCATION ❐ BACK ❐ ARM ❐ ______

DATE TIME

		Puncture W	Puncture F	Intradermal W	Intradermal F			Puncture W	Puncture F	Intradermal W	Intradermal F	
Panel												
1						6						
2						7						
3						8						
4						9						
5						10						
Panel												
1						6						
2						7						
3						8						
4						9						
5						10						
Panel												
1						6						
2						7						
3						8						
4						9						
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Panel												
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2						7						
3						8						
4						9						
5						10						
Panel												
1						6						
2						7						
3						8						
4						9						
5						10						
Panel												
1						6						
2						7						
3						8						
4						9						
5						10						

PRESCRIBING PHYSICIAN	TESTING TECHNICIAN
ADDRESS	
TELEPHONE	FAX