# Allergy Escalation

**Patient Name:**_____ **DOB:**_____

**Maintenance vial: Yes/No** **Contents: grasses/trees/weeds/d. farinae/ d. pter./dog/cat/grass smut**

| DATE | DOSE | SITE | INITIALS | COMMENTS |
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1400 N Ritter Ave, Ste 221, Indianapolis, IN 46219 .317-355-1010. www.myEntAllergyHearingAidDoc.com

STEVEN F. ISENBERG M.D., F.A.C.S.

EAST SIDE OFFICE
COMMUNITY HOSPITAL · EAST PROFESSIONAL BLDG.
1400 NORTH RITTER AVENUE · SUITE 221
INDIANAPOLIS, INDIANA 46219-3046
(317) 355-1010 FAX (317) 355-1992

NORTH SIDE OFFICE
INDIANA SURGERY CENTER
8040 CLEARVISTA PKWY. · SUITE 450
INDIANAPOLIS, INDIANA 46256-4673