

In a patient with a history of previous shot reactions, severe asthma or severe cardiac disease, the dose may need to be decreased even more. If in doubt, contact the private physician below.

- C. New extracts have at least a 40% reduction in dose. Thereafter, increase dose according to the appropriate schedule as prescribed by the original prescriber.

III. The signature below indicates the physician elects to use the OAP Standard Protocol outlined above (if unsigned, an alternative protocol must be provided).

\_\_\_\_\_  
Signature of Private Physician

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone No. of Private Physician