

University of Colorado at Boulder
Wardenburg Health Services
Allergy Clinic
1900 Wardenburg Dr.
Boulder, Colorado 80309-0119
Phone: 303-492-2057, Fax:303-492-6850

Patient Name: _____

DOB: _____

Allergy Clinic

Memorandum of Understanding (MOU)

Dear Allergy Provider:

The above listed patient will be, or is currently, a student at the University of Colorado at Boulder (CU) and has requested that Wardenburg Health Services' (WHS) Allergy Clinic work in collaboration with your office for continuity of care pertaining to their immunotherapy (IT) shots while at CU.

We do NOT staff an allergist or an antigen mixing lab at WHS. Our allergy clinic is RN run and overseen by an NP who is able to consult our Medical Director. Our clinic will always defer to you, the allergist, and your office for primary IT management including dosing, interval and late schedules, local reaction, and peak flow and/or asthma control test parameters. We have the tools to manage a systemic reaction but will notify you to ask for subsequent guidance for dosing and interval adjustments as needed.

Please complete the Patient Summary Sheet & Checklist and send it and ALL of the the requested information to our Allergy Fax line listed above. We cannot proceed with care until all requested information is received and reviewed by our Allergy Oversight Provider. We do NOT initiate IT. Please arrange to give initial shots in your office.

Thank you in advance for you timely response to prevent delay in care.

Sincerely,

Julie Jacobson-Weaver, MS, FNP-BC

Allergist Signature: _____ Date: _____

Patient Signature: _____ Date: _____