www.allergy.org.au

Patient name:	Date:
Plan prepared by:	Signed:
•	
0 LQLPLH _V SLRQVIXRNUFHRQU)RUGRIUPDWRMARWQw.allerq	DHDQV V WRV WY G X/F YR PSHH R S O H s/allergy-treatment/a A misation
, ISRODO OD HWUURRLY FRVIDG HUQWU DFORWOULY FDROVV ————	LIE COMBUNDO WINE THOUSE H
••••	
Intranasal corticosteroid spray 1 or 2 times/day/nost Additional instructions: or Combined in sal conicost 1 r es day ostri Additional instructions Note: ‡ , WW R.	week hs or continu tih Tamine : other continuous 97.8735 422.6358 >800560048>Tj ET BT /8

QRVWULO

- 5. \$ L FV KQHR]] DOZIBINE PW KPHLG CROWHKQHR VDHQCG LFUNDHR]] O H LQW KRQHD VSDDOV V DQWKK SIZU CORVZ D UWGIRNSQ R VEHXLWOO LQH Z L WWKKURHRR W KPHR X W K
- 6. \$Y R M (G) IL 1QKJDGJG X U R (D) JW HV (S VLLDQ J

Oral non-sedating antihistamine tablet:

'RVH P/PJ RU WLPHVRGD\

as needed Additional instructions:

Intranasal antihistamine sprays:

1 or 2 times/day or as needed

Additional instructions:

Saline nasal spray or irrigation times/day or as needed

8 V H P L QHXVSVU LLRK W HLOER R Q M X QZ E WW (Q RX/Q) DF ORVIND W FDROV WASHULDR L G

Decongestant: Q D WDSOU D \ W L P H VR C DW D E O H W

'RVH WDWE/OTH WLPHWROSKOSWR GDVQWRPRUWHKDEQRXXLH PRQWK

Other medications:

, ID O O HLUPJPH-XXXXX REH UK IDD SEVH HLQQ LHWOEL IDD SEVO L QLIPPPDXQQ R O R J V SD IED FOLHDUMAULYSV RWU WARDACQWOWRKZH W U H D VOI REHU OH W F US IR EQHWOED XTQUIR RETUMIR XK DV HD VQTX H V W RL BE RQ QC F H) BL QQ GSR IU P D W RLARR Q www.allergy.org.au/patients/allergy-treatment/immunotherapy

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