

Student Health Center
Frostburg State University
101 Braddock Road Frostburg, Md. 21532
Phone: 301-687-4310 F a x : 301-687-3178
Email: studenthealthcenter@frostburg.edu



Dear Student,
Hello!

We received your request to receive your current allergy injection(s) at the Frostburg State University Student Health Center. We're glad to assist in continuing your care while you're on campus.

To begin this process, please review the following information carefully. Attached are three required forms that must be completed and submitted at least two business days before your first allergy appointment.

STUDENT FORMS:

1. Allergy Immunotherapy Information & Consent Form

- Please read, sign, and return this form to the Student Health Center.

PHYSICIAN FORMS (To be sent to your allergist):

2. Allergist Information Letter

3. Allergen Immunotherapy Order Form

- Your allergist must complete the immunotherapy order form and return it to the Student Health Center via fax or email.

Important Reminders:

- You must bring all completed paperwork and your allergy serum to the Student Health Center at least 2 business days prior to your first scheduled allergy injection.
- Please call 301-687-4310 to schedule your first appointment.
- If you or your allergist have any questions, please don't hesitate to contact our office.

Thank you for your attention to these requirements. We look forward to assisting you with your allergy immunotherapy during your time at Frostburg State University.

Sincerely,

The Student Health Center
Frostburg State University