

# OIT DOSE LOG

NAME \_\_\_\_\_

MONTH / YEAR \_\_\_\_\_ / \_\_\_\_\_

DAY	1: _____	2: _____	3: _____	4: _____	COMMENTS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
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23					
24					
25					
26					
27					
28					
29					
30					
31					

\* Fill in dose allergens on column headers 1, 2, 3, and 4.

\* For each day of the month, enter time and amount taken under each allergen.

\* Fill in any reactions or notes in the COMMENTS column.