Beta-lactam antibiotic allergy wallet card for patients

Instructions for use:

This wallet card should only be given to patients who have received a formal assessment of their beta-lactam allergy.

Print instructions:

- 1. Print single-sided
- 2. Cut along solid lines
- 3. Fold along dotted line

Beta-lactam Antibiotic Allergy: PATIENT RESULTS CARD		
Name:	Date:	I CANNOT take the following beta-lactam antibiotics:
On the above date, I received a beta-lactam allergy assessment.		
Due to the result of my beta-lactam allergy assessment, I received oral challenge and/or beta-lactam therapy.		
I CAN take the following beta-lactam antibiotics:		
		Contact your healthcare provider for additional information.
		Assessor:Role:
Beta-lactam Antibiotic Allergy: PATIENT RESULTS CARD		
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		I CANNOT take the following beta-lactam antibiotics:
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Name:On the above date, I received a	Date: beta-lactam allergy assessment. tam allergy assessment. I received	I CANNOT take the following beta-lactam antibiotics:
Name:On the above date, I received a	Date: beta-lactam allergy assessment. tam allergy assessment, I received m therapy.	
Name:On the above date, I received a Due to the result of my beta-lact oral challenge and/or beta-lacta	Date: beta-lactam allergy assessment. tam allergy assessment, I received m therapy.	I CANNOT take the following beta-lactam antibiotics: Contact your healthcare provider for additional information.
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Pota lactom Antibiotic Alle	ray: DATIENT BESUITS CARD		
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