

Penicillin Allergy Reassessment for Treatment Improvement (PARTI) Tool

DENTIST

PART 1 (Completed by the dentist)

You are a candidate for allergy reassessment because (check all that apply):

- ☐ Not a true allergy ☐ Allergic reaction was >5 years ago
☐ Error in chart ☐ Allergy does not prevent penicillin use
☐ Other – Please specify: _____

Dentist Name: _____

Dentist Contact info: _____

PATIENT

PART 2 (Completed by the patient)

Patient Name: _____

You will discuss allergy reassessment with a healthcare provider and/or allergist.

Healthcare Provider Name: _____

Healthcare Provider Contact info: _____

Appointment date(s) for allergy reassessment and/or testing*

Healthcare provider: _____

Allergist: _____

**It may take multiple visits for you to receive allergy testing.*

HEALTHCARE PROVIDER

PART 3 (Completed by healthcare provider that completes allergy testing)

I agree that you (check all that apply):

- ☐ Have a true penicillin allergy. ☐ Require further allergy testing.
☐ Do not have a true penicillin allergy.

Why Does This Matter?

Allergies Are Rare.

WHO: You are a patient that has been identified as benefitting from allergy testing for using penicillin

WHY: Antibiotics are prescribed when a patient is allergic to penicillin and are often associated with harsh side effects

WHAT: Only 1% of the population has a true penicillin allergy

WHEN: As soon as possible, visit your healthcare provider to see if you are a candidate for allergy reassessment and/or testing to improve antibiotic therapy

Patient Follow-up Checklist

Communicate your updated allergy status with your providers, who can update your **Health Records**, by sharing this card with them as soon as possible.

- ☐ Dental Office ☐ Pharmacy
☐ Healthcare Clinic ☐ Hospital

DISCLAIMER: This is a tool for penicillin allergy screening, communication, and documentation and is not designed for risk assessment or diagnosis.

