



Life-threatening allergies are a growing problem.
We are here to help.

Sign In

[Forgot Password](#)

Remember Me

Sign in

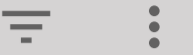


- Home
- Clients
- Locations
- Contacts
- Incidents
- Prescriptions
- Kits
- Injectors

- Client List
- New Client

Clients

New Client



<input type="checkbox"/> ↑ Name	Address	↓ Primary Contact	Contact Email/Phone	View/Edit
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input checked="" type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input checked="" type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	



- Home
- Clients**
- Locations
- Contacts
- Incidents
- Prescriptions
- Kits
- Injecctors

New Client

Name	Short Name		
<input type="text"/>	<input type="text"/>		
Street Address 1	City	State	Zip
<input type="text"/>	<input type="text"/>	<input type="text" value="Select"/> ▼	<input type="text"/>
Street Address 2			
<input type="text"/>			
Phone	Email	Fax	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Primary Contact

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Phone	Contact Email	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Contact

First Name	Middle Name	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Contact Phone	Contact Email	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Cancel

Submit

[Home](#)[Clients](#)[Locations](#)[Contacts](#)[Incidents](#)[Prescriptions](#)[Kits](#)[Injectors](#)

Edit Client

Name

Short Name

Street Address 1

City

State

Zip

Street Address 2

Phone

Email

Fax

Primary Contact

First Name

Middle Name

Last Name

Contact Phone

Contact Email

Last Name

Secondary Contact

First Name

Middle Name

Last Name

Contact Phone

Contact Email

Last Name



- Home
- Clients
- Locations
- Contacts
- Incidents
- Prescriptions
- Kits
- Injectors

- Locations List
- New Location

Locations

New Location



<input type="checkbox"/> ↑ Name	Address	↓ Primary Contact	Contact Email/Phone	View/Edit
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input checked="" type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	
<input checked="" type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA	

[Home](#)[Clients](#)[Locations](#)[Contacts](#)[Incidents](#)[Prescriptions](#)[Kits](#)[Injectors](#)

New Location

Name

Short Name

Street Address 1

City

State

 ▼

Zip

Street Address 2

Phone

Email

Fax

Primary Contact

First Name

Middle Name

Last Name

Contact Phone

Contact Email

Last Name

Secondary Contact

First Name

Middle Name

Last Name

Contact Phone

Contact Email

Last Name

[Home](#)[Clients](#)[Locations](#)[Contacts](#)[Incidents](#)[Prescriptions](#)[Kits](#)[Injectors](#)

Edit Location

Name

Short Name

Street Address 1

City

State

 ▼

Zip

Street Address 2

Phone

Email

Fax

Primary Contact

First Name

Middle Name

Last Name

Contact Phone

Contact Email

Last Name

Secondary Contact

First Name

Middle Name

Last Name

Contact Phone

Contact Email

Last Name



- Home
- Clients
- Locations**
- Contacts
- Incidents
- Prescriptions
- Kits
- Injecctors

Location Details

New Incident

Hillsboro High School

1234 Hisboro Road
Nashville, TN 37211

Primary Contact: James Smith



Email: james@school.com **Phone:** (555)555-5555 **Fax:** (555)555-5556

Secondary Contact: Janet Turner



Email: james@school.com **Phone:** (555)555-5555 **Fax:** (555)555-5556

- Prescriptions**
- Kits
- Pens
- Contacts
- Incidents

Prescriptions

Add New



<input type="checkbox"/> ↑ RX	Client	↓ Location	Kit #	Quantity	View/Edit
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA		🔍 ✎ +
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA		🔍 ✎ +
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA		🔍 ✎ +
<input checked="" type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA		🔍 ✎ +
<input type="checkbox"/> Text 1	Text 111	Text 11111	Text AAAAA		🔍 ✎ +

[Home](#)[Clients](#)[Locations](#)[Contacts](#)[Incidents](#)[Prescriptions](#)[Kits](#)[Injectors](#)

Location Details

[New Incident](#)

Hillsboro High School

1234 Hisboro Road
Nashville, TN 37211

Primary Contact: James Smith **Email:** james@school.com **Phone:** (555)555-5555 **Fax:** (555)555-5556**Secondary Contact:** Janet Turner **Email:** james@school.com **Phone:** (555)555-5555 **Fax:** (555)555-5556[Prescriptions](#)[Kits](#)[Pens](#)[Contacts](#)[Incidents](#)

New Prescription

Prescription # *

Prescribed to: *

Pharmacy:

Pharmacy Address

State

Pharmacy Zip:

Pharmacy Phone:

Prescribed by:

Date Prescribed

Expiration Date*

Fill Date:

 Dosage:* Green (.15mg) Yellow (.30mg) Refillable*

Barcode:

Note