

<Prescribing allergist/practice letterhead>

ALLERGY INJECTIONS ADMINISTERED AT AN OUTSIDE MEDICAL FACILITY

Please complete the following if the allergen vaccine will be administered at an outside medical facility.

I have read (if new patient) or re-read (if established patient) all the information about allergy injections, and I agree that I will not attempt to administer my vaccines to myself nor will I permit anyone who is not a licensed physician or under the supervision of a licensed physician to administer these vaccines.

Patient (or parent/guardian if minor) _____ Date: _____

Witness _____

FACILITY WHERE IMMUNOTHERAPY INJECTIONS WILL BE ADMINISTERED:

