

Extract Instructions & Consent

You have elected to pick up your allergy vials from our office and transport them to another medical facility for your convenience.

You are responsible for your vials while they are in your care.

Extract vials must be refrigerated. Should they be left out of refrigeration 24 hours or greater, contact the allergy department for instructions.

Do not attempt to administer your injections outside of our offices.

Take care when storing and transporting your allergy vials, as they are glass and can break.

Do not tamper with the vials or rubber stoppers in any way.

Do not attempt to inject anything into your allergy vials.

If for any reason your allergy vials are broken, lost, left out of refrigeration or compromised in any way, you are responsible for the cost to have them remixed.

You may contact the allergy department at any time with questions you may have concerning your allergy vials.

You may choose to bring your vials back to any of our offices, at any time should you wish.

Patient Name: _____ DOB: _____
Print Name

Patient Signature: _____ Date: _____

Allergy Technician Signature: _____ Date: _____

I, _____, hereby authorize the individual(s) listed below to pick up my Allergy Extract for me at ENT & Allergy Specialists.

Name Relationship Date

Name Relationship Date