

LETTER TO ALLERGY CLINICS

This letter is to notify you that in order to provide accurate and safe administration of allergy injections to our mutual patient, _____, OU Health Services has implemented a standard system of operations and documentation.

Since we administer allergy injections for multiple allergy clinics, we use a standardized form to document injections. Please send your ordered schedule along with adjustments for missed dosing. We will be using our form for documentation of the actual administration, however.

Enclosed you will find our patient agreement. Please read the contract as some of our guidelines will affect when the patient will need to return to your clinic for further orders.

Please take into consideration our policy of releasing allergy serum to patients over extended breaks so they can continue their treatment while away. We do not ship allergy serum.

The supervising allergist must retain responsibility and liability for components and schedule of the allergy serum.

Please complete the remainder of the form and return to us via fax at (405) 325-7542.

Please initial:

_____ I agree to the policies outlined above and in the patient agreement **or**

_____ I do not agree with the policies outlined above and do not wish OU Health Service to administer allergy injections to this patient.

Serum Release Guidelines:

_____ Patient's allergy serum may be released to the patient during school breaks/holidays **or**

_____ Patient's allergy serum should not be released to the patient.

Facility: _____ Phone: _____

Address: _____

Name of physician: _____

Signature of physician: _____