

THE ALLERGY and ASTHMA CLINIC
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Federal Express Information for Immunotherapy Kits

I authorize The Allergy & Asthma Clinic to ship my immunotherapy kits via my Federal Express account # _____. I understand that if my immunotherapy kit is not delivered by Federal Express in a timely manner or is left outside where weather conditions may impact the viability of my kit I am solely responsible for the costs incurred for The Allergy & Asthma Clinic to make and ship a replacement immunotherapy kit.

_____ Date _____
Patient or guardian signature

Patient name printed