

Federal Express Information for Immunotherapy Kits

I authorize The Allergy and Asthma Clinic to ship my immunotherapy vials/kits via my Federal Express account# _____

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

_____ Date _____
Patient or guardian signature

Print patient name and date of birth