

PHYSICIAN CONSENT TO ADMINISTER ALLERGY INJECTIONS

Date: _____

Patient Name: _____

The above named patient is currently under my care and is receiving allergy immunotherapy. I am giving Saint Francis University Student Health Center permission to continue to administer allergy injections as indicated on our record sheet. The patient will continue to follow-up under my care as directed, as well as obtain his allergy serum from our clinic.

If there are any further questions, please feel free to contact my office.

MD's Signature

MD name

Address

City, State, Zip

Phone

Fax