

Goddard Health Center

620 Elm Ave. Norman, OK 73019

Phone (405) 325-8732 **Fax** (405) 325-7542

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, _____ DOB: _____, Goddard Health Center has implemented a standard system of operations and documentation.

Please send your injection scheduled with adjustments for missed dosing, along with a dated record of the last administered dose.

Enclosed you will find our **Patient Agreement** and **Allergist Checklist**. Please review as some of our guidelines will affect when the patient needs to return to your clinic for further orders.

Please also 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 it 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 Goddard Health Center 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: _____ Fax: _____

Address: _____

Name of physician: _____

Signature of physician: _____