**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 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 ordered schedule with adjustments for missed dosing, along with a dated record of the last administered dose.

Enclosed you will find our patient agreement. Please read the contract as some of our guidelines will affect when the patient needs 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 return to your allergy clinic to 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

_____ Patient's allergy serum may be released to the patient during school breaks/holidays, to return to their primary allergy clinic for injections

Facility: _____

Phone: _____ Fax: _____

Address: _____

Name of physician: _____

Signature of physician: _____