ALLERGY PARTNERS®

RELEASE OF ALLERGY IMMUNOTHERAPY SUPPLY

Allergy Partners, PLLC has informed me that the Allergy Partners of Phoenix offices located in **Anthem, AZ and Avondale, AZ** (Phone 602-242-4592, Fax 602-242-9220) will close on **August 14, 2024.** I receive allergy immunotherapy at this office, and I acknowledge that in order to continue allergy treatment and allergy shots, I must coordinate my allergy treatment with another allergist and my allergy shots with either another allergist or primary care physician. To transfer my allergy immunotherapy supply (extract) to the physician who will provide my future allergy shots, I am selecting one of the options below:

Option 1: Initial here: _____

I authorize Allergy Partners to release my extract to me and I will transport my extract to the physician who will provide my allergy shots in the future. I will keep my extract in a cooler/refrigerator between 35° - 45° Fahrenheit until it is delivered to the allergist or primary care physician providing my allergy shots. This extract is not to be used by me and I must not attempt to inject the allergy extract myself.

_____ _____

Physician Name Physician Signature

Option 2: Initial here: _____

I authorize Allergy Partners to send my extract to the following provider and address:

Provider Name

Street Address

City State Zip Code

Phone Fax

I understand I must make arrangements for my extract **prior to November 15, 2024** and that any extract remaining at Allergy Partners will be discarded on November 16, 2024 due to the closing of the office.

I understand that Allergy Partners, PLLC and the physicians and staff of this office cannot be held responsible for any adverse reactions which may occur if I do not follow the guidelines above.

I have read and fully understand the information on this Release of Allergy Immunotherapy Supply form. I have been provided with the opportunity to ask questions about this process.

Patient's Name (please print) Date of Birth

Patient or Parent/Guardian Signature Date

This form must either be faxed to: (602) 242-9220

OR

Mailed to: 6003 W Thunderbird Rd, #1, Glendale, AZ 85306