



Porter Medical Associates

Carlos Porter, M.D.

Board Certified Family Practice

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Authorization for Release of Allergy Serum

To whom it may concern,

My patient, _____, DOB _____ is requesting the transfer of his/her allergy extracts. On this day _____ I am requesting that Dr. _____ accept the above patient's allergy extracts for supervision and administration of allergy injections. Since this procedure involves the injection of materials to which the patient is allergic, there is a potential risk involved. The American Academy of Allergy and Immunology has advised that all allergy injections be administered in a medical facility equipped to promptly deal with any severe reactions, such as: anaphylaxis, hives, rhino-conjunctivitis, angioedema, asthma, laryngeal edema, hypotension and shock. Therefore, extracts are not to be released to patients for home use without having been monitored for the first three doses of each vial. Historically, a small percentage of patients receiving allergy injections experience reactions, the vast majority of which are large local swelling, hives, rhinitis and conjunctivitis. Asthma and shock are unusual, and death is exceedingly rare. Millions of people are on immunotherapy in the U.S. with about 2 reported deaths per year. You do not have to personally administer the injections, although you may, but your presence will be required for at least 30 minutes after the first three injections of each vial, should there be a need to treat any anaphylactic reactions. I will provide you with the extracts for injections, the therapy schedule and guidelines for "missed injections". Thank you for your assistance. If you have any questions, please do not hesitate to call our office.

Sincerely,

Carlos Porter, M.D.

Physician Signature: _____ Date: _____.

Transferring Physician Details

Physician's name: _____.

Phone: _____ Fax: _____.

Address: _____.