## **Auburn University Medical Clinic**

Telephone: (334) 844-4416

DATE OF BIRTH

400 Lem Morrison Drive Auburn University, AL 36849-5349 www.auburn.edu/medical

Fax: (334) 844-6126

upon the following agreement:	
<ol> <li>The patient will furnish the allergetype, and concentration.</li> </ol>	ens that are clearly labeled as to expiration date,
The patient will submit orders fro instructions stating amount and t	m the allergist (physician) with clearly written imes to be given.
	ered Monday through Wednesday and Friday, 4:00pm, Thursday 9:00am to 11:00am and 1:00pm
4. The patient <b>MUST</b> wait for at leas nurse before leaving the clinic.	t 20 minutes after the injection and check with the
	allergy injection if a previous significant reaction physician are unclear, or if the patient refuses to
	rning the allergy serum to the allergist in between AUMC has to return the serum, the patient is oping and will be billed.
7.AUMC will not be liable for any ser	rum damaged, lost, or stolen during transit.
PATIENT SIGNATURE	NURSE SIGNATURE

DATE