



BIOLOGIC INJECTIONS TRANSFER FORM
Within AllerVie Health

AllerVie Health offers biologic injections for patients of all of our physicians at any of our convenient locations. Patients must choose one permanent location to receive their injections. Patients may transfer their shots to another one of our locations by completing this form. Please allow up to two weeks for your injections to be transferred. Patients may still see their regular physician at the location they wish, regardless of where they get their injections. If the location of your injections is different than your regular office visit, please remember you will not be able to receive your injection at your regular office visit.

Please visit allervie.com for all injection hours and locations.

Patient Name: _____ Patient Date of Birth: _____

Parent/Guardian Name (If Applicable): _____

Current AllerVie Health Location Where Receiving Injections: _____

Next Injection Scheduled For: _____

AllerVie Health Location Where Requesting to Transfer Injections: _____

I understand and accept the above terms. I have reviewed the injections hours for my new requested location, and wish to change the location where my biologic injections are administered. I understand I must check in one hour prior to the posted shot clinic closing times on allervie.com.

Patient or Parent/Guardian Signature: _____

Date: _____

THIS FORM SHOULD BE COMPLETED AND FAXED TO YOUR LOCAL ALLERVIE HEALTH OFFICE.
PLEASE CONTACT YOUR LOCAL OFFICE WITH ANY QUESTIONS.