



**IMMUNOTHERAPY (ALLERGY SHOTS) TRANSFER FORM –
WITHIN ALABAMA ALLERGY & ASTHMA CENTER**

Alabama Allergy & Asthma Center offers shots for patients of all of our physicians at any of our convenient locations. Patients must choose one permanent location to receive their shots. Allergy vials require constant refrigeration that do not allow them to be transported on a regular basis. Patients may transfer their shots to another one of our locations by completing this form. Please allow up to two weeks for your vials to be transferred. Patients may still see their regular physician at the location they wish, regardless of where they get their shots. Please visit alabamaallergy.com for all shot hours and locations.

Patient Name: _____

Patient Date of Birth: _____

Parent/ Guardian Name (If Applicable): _____

Current AAAC Location Where Receiving Shots: _____

AAAC Office Location Where Requesting to Transfer Shots: _____

I understand and accept the above term. I have reviewed the shot hours for my new requested location, and wish to change the location where my allergy injections are administered.

Patient or Parent/Guardian Signature: _____

Date: _____

**THIS FORM SHOULD BE COMPLETED AND FAXED TO (205)870-1621. OR GIVEN TO OUR
IMMUNOTHERAPY TECHNICIAN AT YOUR SHOT LOCATION.**

**IF YOU HAVE ANY QUESTIONS PLEASE CALL OUR IMMUNOTHERAPY TECHNICIANS DIRECTLY AT
205-209-4140.**