



Immunotherapy Vial Shipment Waiver

I _____, agree to pay the sum of \$10.00 for the shipment of Immunotherapy Vial or Vials. By signing below, I release Wexford Allergy, Asthma & Immunology, LLC, from all liability, including financial responsibility, for the loss of or damage to the vials related to shipment.

I have verified that the address listed below is the correct delivery address for the shipment. NOTE: IMMUNOTHERAPY VIALS MUST BE SHIPPED TO HOME ADDRESS

Name _____

Address _____

City _____

State _____

Zip Code _____

Patient/Parent/Legal Guardian signature _____ Date _____

Witness _____

Shipment Date _____