

**LeBauer Medical Center, PLLC**

*Allergy, Asthma & Sinus Care*  
3201 Brassfield Road, Suite 400  
Greensboro, NC 27410  
(336) 282-2300

Ranjan Sharma, MD	Meg Anne Whelan, MD	R. Christopher Van Winkle, MD
-------------------	---------------------	-------------------------------

**Vaccine Release Form  
(For Outside Medical Facility)**

As a patient of LeBauer Medical Center, I choose to have my allergy vaccine administered to me by another medical provider.

I understand the risks involved in Allergy Immunotherapy, and I am aware that the instructions provided should be followed very carefully.

Having been informed of the risks (which can include severe allergic reactions and even death) associated with receiving this vaccine without appropriate medical supervision. I take full responsibility for any complications arising from the administration of my injections by another healthcare provider.

I will not hold Dr. Ranjan Sharma, Dr. Meg Whelan, Dr. R. Christopher Van Winkle, or LeBauer Medical Center, or it's personnel responsible for my decision or any complications which may arise as a result. **ALL LINES MUST BE COMPLETED!**

\_\_\_\_\_  
**Patient name (Please Print)**

\_\_\_\_\_  
**Witness Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Patient or Guardian Signature**

\_\_\_\_\_  
**Date**

Please provide the name and address of the medical facility and/or healthcare provider who will be administering your injections. (Required)

\_\_\_\_\_  
\_\_\_\_\_