

PISGAH FAMILY HEALTH – FLU SHOT

<p>Date of Service: _____</p> <p>Patient Name: _____</p> <p>Date of Birth: _____</p> <p>Are you currently sick? Yes / No Temp _____</p> <p>Have you ever had allergy or reaction to: Eggs: Yes / No Egg Products: Yes / No Flu shots: Yes / No Other vaccinations: Yes / No</p> <p>Have you had a pneumonia vaccine in the last 10 years? Yes / No</p> <p>Have you had a tetanus/pertussis vaccine in the last 5 years? Yes / No</p>	<p><u>Do you have a new:</u></p> <p><input type="checkbox"/> Address _____ _____ _____</p> <p><input type="checkbox"/> Phone number _____</p> <p><input type="checkbox"/> Insurance Please present your card</p>
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Fluzone Flu Vaccination(s): arm: L R Administered by: JC SB JA

<u>Pediatric:</u> Ages 6-35 months	<u>Multi-dose:</u> All ages (0-18)	<u>High Dose:</u> 65+ only
<input type="checkbox"/> Lot # U5304FA Exp: 06/03/2016 NDC: # 49281-515-00 CPT: 90471, 90655 Dx: V04.81	<input type="checkbox"/> Lot #:UI431AB Exp: 06/30/2016 NDC: # 49281-623-15 CPT: 90471, 90658 Dx: V04.81	<input type="checkbox"/> Lot # UI43AA Exp: 0404/04/2016 NDC: # 49281-397-88 CPT: 90471, 90662 Dx: V04.81

Additional Vaccines:

V03.82 Pneumonia Vaccination arm: L R Administered by: JC SB JA

V06.1 Tdap Vaccination arm: L R Administered by: JC SB JA

V04.5 Shingles Vaccination arm: L R Administered by: JC SB JA

Today's charge: \$ _____ Pt Payment: \$ _____