PISGAH FAMILY HEALTH – FLU SHOT

Date of Service: _____

Patient Name: _____

Date of Birth: _____

Are you currently sick? Yes / No Temp _____

Have you ever had allergy or reaction to: Eggs: Yes / No

Egg Products: Yes / No

Flu shots: Yes / No

Other vaccinations: Yes / No

Have you had a pneumonia vaccine in the last 10 years? Yes / No

Have you had a tetanus/pertussis vaccine in the last 5 years? Yes / No

Do you have a new:

☐Address

_____

_____

_____

☐Phone number

_____

☐Insurance

Please present your card

Fluzone Flu Vaccination(s): arm: **L** **R** Administered by: JC SB JA

Pediatric: **Ages 6-35 months**

☐Lot # U5304FA

Exp: 06/03/2016

NDC: # 49281-515-00

CPT: 90471, 90655

Dx: V04.81

Multi-dose: **All ages (0-18)**

☐Lot #:UI431AB

Exp: 06/30/2016

NDC: # 49281-623-15

CPT: 90471, 90658

Dx: V04.81

☐Lot #:UI443AD

Exp: 06/30/2016

High Dose: **65+ only**

☐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: $ _____