

Complete this section only and return form.

2011 Vaccine Request -COMPLETE TOP SECTION, ONLY

Please mark the vaccine that you would like to receive:

Influenza Vaccine Pneumonia Vaccine

Full Patient Name: _____

Address: _____

Date of Birth: _____ Phone Number: _____

Medicare / Insurance _____

Have you ever had a known allergic reaction to egg or egg products, chicken proteins, or to any component of Flu vaccine?

Yes No Unable to determine

Please return this form to:

SHA
335 Pleasant Point Drive
Beaufort, SC 29907

Fax (866) 527-0937
Fax (843) 470-9020

SECTION BELOW FOR OFFICE USE ONLY

Mark vaccine administered:

Flulaval Influenza Virus Vaccine
2011 Formula

 Afluria
2011 Formula Influenza Virus Vaccine

 Pneumovax 23
2011Formula

Date of Administration:

Administered by:

Senior Health Associates, PA
TIN 571104069
803-699-9073

Your signature below indicates your agreement you have received information about the vaccine that you are receiving. You have had a chance to ask questions and all questions have been answered to your satisfaction. You understand the risks of the vaccine that you are requesting.

Additionally, you authorize the release of any medical or other information necessary to process this claim with your insurance provider. You authorize payment of government or insurance benefits directly to Senior Health Associates. Medicare patients will not receive a bill for this service unless the Medicare ID number provided is not eligible for current Medicare benefits.

Patient Signature: _____