



**\*\* FOR CLINIC USE ONLY \*\***

Pt # \_\_\_\_\_ Clinic Identification \_\_\_\_\_

VFC (underinsured/uninsured)      PRIVATE      OTHER \_\_\_\_\_

Amount Pd: \_\_\_\_\_ Cash \_\_\_\_ Check# \_\_\_\_\_ CC \_\_\_\_\_

ID checked? \_\_\_\_\_ Medicaid # \_\_\_\_\_

**Active, NOT ESO**

Commercial Insurance Info: *Must Have Copy of Insurance Card*

**Insured Cardholder:**

Same as front OR

**Statement should be sent to:**

Same as front OR

Name:	Name:
Birthdate:	Address:
Relationship to Patient:	Phone:
Employer:	Relationship to Patient:

VFC	Private	(SDV – single dose; MDV – Multi dose; PF- preservative free)
23.00	40.00	Influenza – prefilled syringes .25 6-35 months Preservative free (IIV4 PF)
23.00	40.00	Influenza – SDV 3 yrs & older - Preservative free (IIV4 PF)
23.00	40.00	Influenza – prefilled syringes .50 - 3 yrs & older preservative free (IIV4 PF)
23.00	40.00	Influenza – MDV – 6 months & older (IIV4)
	69.00	FluBlok – SDV – PF 18+
	69.00	High Dose Flu – 65+ (IIV HD)
23.00	116.00	Pneumococcal – Pneumovax (PPSV23)
23.00	203.00	Pneumococcal – Prevnar (PCV13)

**INFLUENZA**

Date Vaccinated \_\_\_\_\_

Vaccine Name \_\_\_\_\_

Vaccine Supply: VFC    AVP    Private

Manufacturer & Lot # \_\_\_\_\_

Site of Injection    **RA**    **RL**    **LA**    **LL**

Dose    **0.25ml**    **0.5ml**

Immunizer (int.) \_\_\_\_\_

COMMENTS/OTHER \_\_\_\_\_

VIS: 8/7/15

**PNEUMOCOCCAL**

Pneumonia shot in last 5 years? No \_\_\_\_\_

Yes \_\_\_\_\_ Date \_\_\_\_\_

Vaccine Type    PPSV23    PCV13

Date Vaccinated \_\_\_\_\_

Vaccine Name \_\_\_\_\_

Vaccine Supply: VFC/AVP    Private

Manufacturer & Lot # \_\_\_\_\_

Site of Injection    **RA**    **RL**    **LA**    **LL**

Immunizer (int.) \_\_\_\_\_

COMMENTS/OTHER \_\_\_\_\_

VIS: PPSV23 - 4/24/15    PCV13 – 11/5/15