



VACCINE RESERVATION FORM

CLINIC SITE _____

DATE _____

Complete all Information: We will verify your insurance coverage, eligibility of vaccination/s requested, & determine if you will have a copay. Please fax form 2 weeks prior to clinic date @ 412-563-8319 or 412-563-8016

NAME _____ DATE OF BIRTH _____ AGE _____ SEX (M)_____(F)_____

ADDRESS _____ APT _____

CITY _____ STATE _____ ZIP _____

PHONE (1) _____ (2) _____ LAST 4 DIGITS of SOCIAL SECURITY NUMBER_____

INSURANCE COMPANY NAME _____ PLAN TYPE: _____

ID # _____ GROUP # _____

SECONDARY INSURANCE NAME _____ PLAN TYPE: _____

ID # _____ GROUP # _____

____ I would like to get the **Seasonal Quadrivalent Flu** vaccine.

I understand that the Seasonal Flu vaccine also contains protection from H1N1 flu (Swine Flu).

____ I would like to get the senior "High Dose" Flu vaccine if available.

I am over the age of 65 years.

____ I would like to get the **Shingles** vaccine-**Shingrix**.

Dose # _____

I understand that there are age guidelines for insurance coverage. For example- you must be 50 years of age and older for this vaccine to be covered. I will need a series of two doses. Anyone who does not meet the age requirement of their health insurance, can receive a Shingles shot, but would have to pay at time of shot.

____ I would like to get the **Tdap (Tetanus, Diphtheria and Pertussis/Whooping Cough)** vaccine - **Boostrix**.

Even though I may have had a Tetanus shot in the past, I would like this one time booster for additional protection against Whooping Cough.

____ I would like to get the **Pneumonia** vaccine- **Prevnar 13**

It has been at least one year since I received any other Pneumonia vaccination. **Prevnar 13** is recommended for all children younger than 2 years old, people over 2 years or older with certain medical conditions, & adults over 65 should discuss with their doctor. Adults need only one dose. I understand that my health insurance may only pay for one pneumonia vaccine during one calendar year.

____ I would like to get the **Pneumonia** vaccine- **Pneumovax 23**

It has been at least one year since I received any other Pneumonia vaccination. **Pneumovax 23** is recommended for everyone over 65 &/or for those under 65 with chronic health conditions. I understand that my health insurance may only pay for one pneumonia vaccine during one calendar year.

Name: _____

Site: _____

_____ I would like to get the **Meningococcal Disease/Meningitis** vaccine-**Menveo**.

Menveo protects against the "A,C,W and Y" strains of Meningococcal Disease. I am under 55 years of age.

_____ I would like to get the **Meningococcal "B"** vaccine-**Bexsero**.

Dose # _____

Bexsero protects against the "B" strain of Meningococcal Disease. This vaccine is recommended for those 10 years of age and older with adolescents ages 16 to 23 at increased risk. I will need a series of two doses.

_____ I would like to get the **Twinrix (combination Hepatitis A and B)** vaccine.

Dose # _____

I have never been immunized for Hepatitis A or B before. I understand that for complete lifetime protection from Hepatitis A and B, I will need a series of three doses.

_____ I would like to get the **Hepatitis A** vaccine-**Havrix**.

Dose # _____

I understand that for complete lifetime protection from Hepatitis A I will need a series of two doses.

_____ I would like to get the **Hepatitis B** vaccine-**Energix**.

Dose # _____

I understand that for complete lifetime protection against Hepatitis B I will need a series of three doses.

_____ I would like to get the **HPV (Human Papillomavirus)** vaccine-**Gardasil 9**.

Dose# _____

All boys and girls, men & women ages 9-45 old should get vaccinated for protection against cervical/ HPV cancers and genital warts. Catch-up vaccines are recommended for males and females through age 26 who were not vaccinated when younger. I understand for complete lifetime protection I will need a series of or three doses depending on age. I am aware that my health insurance has age guidelines for coverage and will not pay for the HPV vaccination if I am over 26 years of age.

_____ I would like to get the **MMR** (Measles, Mumps and Rubella) Booster-**MMRII**.

If you were born between 1957-1988, you should've received one vaccination during childhood (which started in 1963). No further vaccination is recommended unless you are high risk, such as healthcare or international travel. In those situations, you should consider getting a booster vaccine or have your titers checked through blood testing.

_____ I would like to get the **Chicken Pox (Varicella)** vaccine-**Varivax**.

I have never had chicken pox and have not previously been vaccinated against chicken pox.

_____ I would like to get _____ vaccine.

This vaccine protects against _____.

DON'T FORGET TO BRING YOUR HEALTH INSURANCE CARD TO THE CLINIC

We bill under Hart Medical Consulting, Dr. Bryce Palchick & do not charge for an office visit