



Flu/Pneumonia Vaccination Consent Form

- Prevnar 13
- Pneumovax 23
- Influenza quad
- Influenza HI DOSE

1. Recipient Information

Facility: _____

NAME: Last _____ First _____ Middle Initial _____

ADDRESS: Street _____ City _____ State IA. Zip _____

Phone(____) _____ **Birth Date** ____-____-____ **Sex:** M F

POA/responsible party info NAME: _____

MAILING ADDRESS: Street _____ City _____ St _____ Zip _____

Relationship: _____ **phone:** _____ **email:** _____

2. Insurance Information - only fill out if you want a claim submitted to your insurance company

Insurance provider: _____ and/or MEDICARE #: _____ MEDICAID # _____

Name of insurance card holder: _____ card holder birth date: / /

Med D plan:

Card holder social security #: ____-____-____

Patient name: _____ relationship: _____

Patient social security #: ____-____-____

Insurance card ID #: _____

Card BIN #: _____

Card PCN #: _____

Card GROUP (if applicable): _____

3. Screening Questions, Consent and Assignment of Insurance Payment

Do you have an allergy to eggs, latex or thimerosal (a mercury-containing preservative used in vaccines)? Yes No

Have you ever had an allergic reaction or other problem after a vaccination? Yes No

Have you ever been paralyzed by Guillain-Barre Syndrome? Yes No

Are you currently pregnant? Yes No

Are you presently ill or do you have a high fever today? Yes No

Do you have a blood clotting disorder or are you currently taking a blood thinning medication? Yes No

I have read or had explained to me the educational **FLU/Pneumonia Vaccination Information Statement** . I understand the benefits and risks of the vaccination and request that a FLU/pneumonia vaccination be given to me or to the person named above for whom I am authorized to make this request. I also authorize Rx4Prevention to submit a claim to my Insurance Co. for reimbursement if indicated. **I understand that I am financially responsible for any charges denied by my insurance company.**

SIGNATURE: _____ **DATE:** _____
(Person to receive vaccination or person authorized to make the request)

The Rx4Prevention Privacy Notice has been made available to me. _____ (please initial)

Form revision 07/1/2015

VISIT OUR WEBSITE @ www.rxprevention.com

Mail completed document to **RX4PREVENTION 1010 WEST MADISON STREET, WASHINGTON, IA 52353**

OR FAX TO **888-241-8223**