

PLEASE RETURN BY JULY 31, 2015



431 Southwest Blvd. N., St. Petersburg, FL 33703
727-526-PEDS (7337)

FLU VACCINE ORDER FORMS

Hello Northeast Pediatrics Families! It is the time of year where our practice has to order flu vaccines. This year we would like to provide the convenience for the parents to get their vaccines while they are here for their children. Please indicate on this form if you would like to order flu vaccines for your child/children and adults in the family. We will be pre-ordering, so to guarantee your vaccine(s), please return this form to our office. We will have a limited supply of extra flu vaccines during the season, so those will be administered on a first come basis.

Name of Child: Date of Birth: Age of Child: Type of Vaccine

Children must be older than 6 months for the vaccine and older than 2 years for the mist.

_____	_____	_____	SHOT	MIST
_____	_____	_____	SHOT	MIST
_____	_____	_____	SHOT	MIST
_____	_____	_____	SHOT	MIST
_____	_____	_____	SHOT	MIST

ADULTS: We **will not** bill your insurance company for the flu vaccine. It will be a payment of \$35 for shot and \$45 for mist. This payment is due with your order. **Please do not order if you have an egg allergy, you cannot receive the flu vaccine.**

Name: _____	Date of Birth: _____	Type of Vaccine:
_____	_____	SHOT MIST
_____	_____	SHOT MIST
_____	_____	SHOT MIST
_____	_____	SHOT MIST

Credit Card # _____ Exp. Date _____
 CV Code _____ Billing Zip Code _____ Signature _____
 Check # _____ Cash _____ Total Amount Paid _____

Please watch for our announcements on the arrival of the vaccines and call to schedule appointment.