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VACCINATION ENCOUNTER FORM

Name: _____ DOB _____ Date: _____

Address: _____ Phone _____

Do you have any allergy to drugs, vaccines, chemicals or food? ☺ No Yes

Do you suffer from a chronic illness, cancer or immunosuppression ☺ No Yes

Vaccine Charge Administration fee* (90471 - 90472 - 90782)
*(First vaccine \$25; Each subsequent\$20)

- Hepatitis A (v05.3) \$ 90.00 (90632) \$.....
- Hepatitis B (v05.3) \$ 75.00 (90746) \$.....
- Hepatitis A&B (v05.3) \$ 135.00 (90636) \$.....
- HPV (v05.8) \$ 175.00 (90649) \$..... (Gardasil^o)
- HPV (v05.8) \$ 175.00 (90650) \$..... (Cervarix^o)
- Influenza(v04.81) \$ 25.00 (90658) \$.....
- Jap.Encephalitis(v05.0) \$ 255.00 (90735) \$.....(per dose, 2 doses 4 weeks apart needed)
- Meningitis (v03.89) \$ 140.00 (90734) \$.....
- MMR** (v06.4) \$ 70.00 (90707) \$.....
- Pneumococcal(v03.82) \$ 63.00 (90732) \$.....
- Polio (v04.0) \$ 35.00 (90713) \$.....
- Rabies (v01.5) \$ 250.00 (90675) \$.....
- Rabies IG (10ml) \$1925.00 (90376) \$20.00 (90782)
- Rabies IG (2ml) \$ 385.00 (90376) \$20.00 (90782) ...
- TD (v06.5) \$ 40.00 (90714) \$.....
- TDP (v06.5) \$ 55.00 (90715) \$.....
- Typhoid (v03.1) \$ 70.00 (90691) \$.....
- Varicella** (v05.4) \$ 125.00 (90716) \$.....
- Yellow Fever** (v04.4) \$ 110.00 (90717) \$.....
- Zoster** (v05.8) \$ 200.00 (90736) \$.....

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- Office consultation \$ 25.00
- International Vaccination Certificate \$ 10.00

Sub Total: \$ _____ \$ _____ TOTAL _____

WAIVER: I UNDERSTAND THAT THE ABOVE CHARGES WILL NOT BE SUBMITTED TO ANY INSURANCE COMPANY. THE TOTAL AMOUNT IS DUE WHEN THE SERVICES ARE RENDERED AND IS MY SOLE RESPONSIBILITY.

(Patient Signature)

(Office stamp)

(Signature Stamp)