

Mount Pleasant Pediatrics

Neill Herring, MD, Matthew Davis, MD, Lisa Hughes, MD, Anthony Oddo, MD

1041 J. Dodds Blvd., Ste. 5-A, Mt. Pleasant S.C, 29464 Ph. 843-881-0007 Fax 843-884-3690 Tax ID# 57-1107504

INFLUENZA VACCINE ADMINISTRATION RECORD 2024-2025 SEASON

Full Name (Please PRINT): _____

Parent Date of Birth: _____

Your Child's Physician: _____

Cost of today's vaccine: \$35 to be paid at checkout

If you have had a **serious allergic reaction to eggs or a previous dose of influenza vaccine**, have a **history of Guillain-Barre Syndrome** or have a **current fever greater than 101**, we will **not** be able to administer the flu vaccine today.

I agree to the terms discussed above. I have read, or have had explained to me information about influenza and the influenza vaccine. I understand the benefits and risks of the influenza vaccine and ask that this vaccine be administered to me today.

Signature

Date

Office Use Only

Dose	0.5ml
Lot #	
Exp Date	
VIS Date	08/2021

Vaccine	Fluzone
Manufacturer	Sanofi
Admin Fee:	90460
CPT:	90686

Site	
LD	
RD	

Vaccine Administrator Sig. _____