

Mount Pleasant Pediatrics

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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:	90656

Site	
LD	
RD	

Vaccine Administrator Sig. _____