

Deer Park Family Doctors Influenza (Flu) Vaccine Form for Non-Patients

Receipt for Vaccination: Today's Date: 9/26/2005

Name: _____ Date of Birth: _____

Diagnosis Code (ICD-9) for "Need for Flu Vaccination": V04.81

Procedure Code (CPT) for Injection: Medicare: G0008 Non-Medicare: 90471

Procedure Code (CPT) for Flu Vaccine: Medicare: 90657 Non-Medicare: 90658

Paid \$25 Cash Credit Check # _____

Billing Disclaimer

This serves as my receipt for my vaccination. I understand that Deer Park Family Doctors files for insurance reimbursement **ONLY FOR THEIR OWN PATIENTS**. I may contact my insurance carrier for instructions on filing a claim for reimbursement of the fees I paid today. Deer Park Family Doctors makes no guarantee that my insurance will reimburse all or part of my claim.

Signature: _____

Vaccine Information & Release

Flu: Influenza (flu) is a respiratory disease caused by influenza virus infection. The strains of influenza virus that cause illness any change from year to year, or even within the same year. People who get flu may have fever, chills, headache, dry cough, and muscle aches, and may be sick for several days to a week or more. Most people recover completely. However, for some people, flu may be especially severe and pneumonia or other complications, including death, may occur.

Flu Vaccine: The regular flu vaccine contains killed, split influenza virus of the types selected by the U.S. Public Health Services and the Center for Biologics Evaluation & Research of the U.S. Food and Drug Administration. The types of virus included are those that have most recently been causing influenza. The vaccine will not give you flu, because it is a killed, split virus vaccine. As with any vaccine, flu vaccine may not protect 100% of all susceptible individuals.

Risks & Possible Side Effects: Influenza vaccine generally causes only mild side effects that occur at low frequency. Most people who receive the vaccine either have no reaction or only mild reactions. Most commonly, the reactions may be a sore arm where the injection was given, or possibly fever, chills, headache, or muscle aches. These side effects usually last 24 to 48 hours. There is a possibility, as with any vaccine or drug, that an allergic or other serious reaction, or even death, could occur. Also, medical events completely unrelated to the vaccine may occur coincidentally following vaccination. Unlike the 1976 swine influenza vaccine, flu vaccines used since then have not been clearly connected with an increased frequency of Guillain-Barre syndrome, which is associated with paralysis.

Special Notice: Vaccination is generally not recommended for the following people:

- People allergic to eggs or egg products.
- People who have an active nerve disorder.
- People allergic to thimerosal, a compound containing mercury
- People with a fever, or active respiratory or other infection of illnesses.

If you have any of the above, please notify the staff. If you have any questions, please ask now or check with a physician or your health department before receiving the vaccine.

PLEASE REMAIN IN CLINIC 15 MINUTES AFTER RECEIVING SHOT. If you experience any significant reactions, see your physician.

I have read the above information about influenza and influenza vaccine, and I have had a chance to ask questions. I understand the benefits and risks of influenza vaccination and request that the vaccine be given to me or the person named below for whom I am authorized to sign.

Signature: _____

For Clinic Use Date of Vaccination: «Today» Site of Injection: _____

Manufacturer and Lot: Aventis U1806AA Exp 6/30/06

(Manufacturer and Lot confirmed by _____)

Chronic Disease: Yes No