**Notification of Vaccination**

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Doctor or prescriber) Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We recently Provided vaccination services to one of your patients. We wanted to make certain that you have information about the vaccine we administered so you can update patient's medical record. Please contact us if you have any questions about this information.

* We entered information about the vaccines we administered in the state immunization information system

Patient's name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient's birthday: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Vaccine we administered on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is/are checked below.

|  |
| --- |
| Vaccines |
| * Hepatitis A
 | * Influenza: Injectable **Standard dose**
 |
| * Hepatitis B
 | * Influenza: injectable **High dose**
 |
| * MMR
 | * Pneumococcal (Pneumovax)
 |
| * Meningococcal
 | * Rabies
 |
| * Tetanus, diphtheria and Pertussis
 | * Herpes Zoster ( Zostavax)
 |
| * Varicella
 | * Human papillomavirus (HPV)
 |
| * Tetanus and diphtheria (booster)
 | * Pneumococcal (Prevnar 13)
 |
| * Other:
 | * Other:
 |

To be Completed by Pharmacy

|  |  |
| --- | --- |
| Lot number: | Lot number: |
| Expiration  | **Expiration:**  |