



CONSENT FOR TREATMENT INFLUENZA Immunization

✓ Please make checks payable to Front Range Flu Shots, LLC or FRFS.

Please Print

Last Name				First Name			Middle Initial	
Birthdate	MM	DD	YYYY	Age	<input type="checkbox"/> Male	Home Phone	<input type="checkbox"/> Female	
							Cell Phone	

Home Address: Street	City	State	Zip
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Answer the following questions, sign and date below:

- | | | |
|---|-----|----|
| 1. Have you ever had a flu immunization before? | Yes | No |
| 2. Do you have a history of hypersensitivity (allergy) to chicken eggs or egg protein? | Yes | No |
| 3. Have you ever had an adverse or allergic reaction to any component of the vaccine, including thimerosal? | Yes | No |
| 4. Do you currently have a fever, or moderate or severe acute illness with or without fever? | Yes | No |
| 5. Do you have a history of Guillain-Barre Syndrome (a severe paralytic disease, also called GBS)? | Yes | No |
| 6. Have you ever had a bad reaction to any other vaccine? | Yes | No |

Explain any adverse or allergic reactions: _____

★ The current applicable *Influenza Vaccine Information Statement* has been provided to me. I have read or have had explained to me the information. I have had an opportunity to review *FRFS's Notice of Privacy Practices* and am aware that I can request a copy. I have had a chance to ask questions and, if any, they were answered to my satisfaction. Upon request, a receipt or copy of this form can be sent to me or an authorized person via mail, email, or fax. I believe I understand the benefits and risks of the vaccine and I ask that the vaccine be given to me or to the person named for whom I am authorized to make this request. I agree that Front Range Flu Shots, LLC shall have no responsibility or liability if I or the named person contract influenza or any other respiratory diseases or suffer any adverse reaction following administration of the vaccine.

Signature of Responsible Person: _____ **Date:** _____

Insurance Coding and Billing Information for Influenza Vaccination						Do not write below this line.	
Front Range Flu Shots, LLC • P.O. Box 1093, Littleton, CO 80160-1093 • Phone 303-797-3396 Federal Tax ID: 743077363						VIS Provided: Inactivated Influenza Vaccine 08/07/2015 Live Attenuated Influenza Vaccine 08/07/2015	
Influenza Type	Trivalent Shot	Quadrivalent Shot	Fluzone High Dose Shot	FluMist Nasal Spray	Amount Paid	Injection site (0.50mL)	RN _____ Date _____
Service Location:	60	60	60	60		____ Left Deltoid	
Diagnosis Code: ICD-9	V04.81	V04.81	V04.81	V04.81		____ Right Deltoid	
Diagnosis Code: ICD-10	Z23	Z23	Z23	Z23		Intra-nasal (0.2mL)	Mfg _____
Vaccine Admin. Code:	90471	90471	G0008	90473	\$ _____	____ Nasal Spray	Lot # _____
Vaccine Code:	90658	<input type="checkbox"/> 90686 (S) <input type="checkbox"/> 90688 (M)	90662	90672	\$ _____		Exp. Date _____
Clinic Location:							

MC MED ADV Aetna CIGNA DCSD CNIC Cofinity Humana RMHC Comp CC Check _____ Cash _____ Invoice _____
 CC Email: _____ Name _____ Card Type _____ No# _____ Exp. Date _____ Security Code _____ Zip Code _____ 08.30.15