WESTMINSTER FAMILY DRUG

VACCINE ADMINISTRATION FORM

Your Pharmacist will keep this record in your medical file. Please complete the top portion of this form. "I have read or have had explained to me, written information about the vaccine(s) listed below. I have had an opportunity to ask questions that were answered to my satisfaction. I understand the benefits and risks of the vaccine(s) being administered and authorize the administration of the vaccine(s) to me or the person named below for whom I am authorized to make this decision."

Name: First_____ Middle_____ Last_____

Date of Birth: _____ Gender: M / F Allergic to Eggs? Yes / No (Circle One)

Address:_____ City:_____ State:_____ Zip:_____

Telephone:_____ _ Medicare #:_____

Westminster Family Drug will accept assignment from Medicare/Medicaid for vaccines. If Medicare/Medicaid does not pay for any reason, I understand that I will be billed by Westminster Family Drug and agree to pay immediately.
I authorize Westminster Family Drug to bill Medicare/Medicaid on my behalf. (If applicable.)

X_____
Signature of person to receive vaccine or person authorized to make the request

FOR OFFICE USE ONLY

☐	Vaccine Name: FLUZONE TIV 6MO+	Manufacturer:	Lot #:	$
☐	Vaccine Name: FLUCELVAX TIV 6MO+	Manufacturer:	Lot #:	$
☐	Vaccine Name: FLUAD ISD & 65+	Manufacturer:	Lot #:	$
☐	Vaccine Name: PNEUMOVAX 23	Manufacturer:	Lot #:	$
☐	Vaccine Name: PNEUMOCOCCAL 21	Manufacturer:	Lot #:	$
☐	Vaccine Name: SHINGLES (SHINGRIX)	Manufacturer:	Lot #:	$
☐	Vaccine Name: TETANUS (TDaP-BOOST)	Manufacturer:	Lot #:	$
☐	Vaccine Name: RSV (ABRYSVO)	Manufacturer:	Lot #:	$
☐	Vaccine Name: COVID 12+ (SPIKEVAX)	Manufacturer:	Lot #:	$
☐	Vaccine Name:	Manufacturer:	Lot #:	$

Site of Injection: ☐ Right Arm ☐ Left Arm Date Administered: _____

Vaccine Administrator: CHEN / GLIMP / IKPA / KABIR / NGUYEN Signature: _____

Copies of the following MUST be attached to the form for billing purposes:
Medicare A/B Card (only pays for Influenza and Pneumonia vaccines), Driver's License or Photo ID
Medicare Part D or Prescription Drug Card (including Tricare) or Medicaid Card (could override Medicare)

Westminster Family Drug 10911 N.E. 23rd Street, Nicoma Park, OK 73066 (405) 769-8585