

# 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:  Male  Female Allergic to Eggs?

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.)

\_\_\_\_\_  
Signature of person to receive vaccine or person authorized to make the request

### FOR OFFICE USE ONLY

___ Vaccine Name: Afluria Quadrivalent	Manufacturer: Seqirus
___ Vaccine Name: Flucelvax Quadrivalent	Manufacturer: Seqirus
___ Vaccine Name: Fluad Quad. High Dose	Manufacturer: Seqirus
___ Vaccine Name: Pneumovax 23	Manufacturer: Merck
___ Vaccine Name: Prevnar 20	Manufacturer: Pfizer
___ Vaccine Name: Shingles (Shingrix)	Manufacturer: GSK
___ Vaccine Name: Tetanus (TDaP)	Manufacturer: GSK
___ Vaccine Name: RSV (Abrysvo)	Manufacturer: Pfizer
___ Vaccine Name: Covid (Spikevax)	Manufacturer: GSK
___ Vaccine Name: _____	Manufacturer: _____ Lot #: _____ \$ _____

Site of Injection:  Right Arm  Left Arm Date Administered: \_\_\_/\_\_\_/\_\_\_

Vaccine Administrator: KABIR/ WOODWARD/ CHEN/ GLIMP 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)

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