

Patient Influenza Administration

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I hereby authorize any hospital, pagency to disclose or furnish to To history, consultations, prescriptio be considered as valid as the original of the completed by:	ccinated ever had	a serious reaction t	o influenza vaco	cine in the past?	
agency to disclose or furnish to Thistory, consultations, prescription be considered as valid as the original completed by:	ccinated ever had	Guillain Barré Synd	rome?		
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Patient (or caregiver) Sign				Relationship:	
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509 JEFFERSON STREET LAFAYETTE, LOUISIANA 70501 TEL: (337) 235-4578 FAX: (337) 235-4570

VIS Edition: 8/6/2021 WEBSITE: www.techedrugs.com