

## United Flu Clinic

United Pharmacy will be here on 9/23/21 from 8am-11am. If you would like a Flu vaccine or have your student get a flu vaccine please fill out the form attached. If you have insurance that will cover the vaccine he will file it for you. If you do not have insurance the cost will be \$37.00. Please send back the form with a copy of your child's insurance card. If you have any questions please call me at 254-259-3711 or email [rachel.beal@mayisd.org](mailto:rachel.beal@mayisd.org).



Store Number:

Empty box for Store Number

UNITED PHARMACY CLINICAL SERVICES
Drive-Thru Clinic Consent Form

UNITED EMPLOYEES ONLY

TM #:

STORE #:

Empty box for TM and STORE numbers

Patient Name: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ [M] [F]

Address: \_\_\_\_\_ Ph #: \_\_\_\_\_
Street City State Zip

Screening Questionnaire table with columns: Question, Yes, No. Rows include fever/cough, COVID-19 contact, vaccine reactions, and pregnancy status.

Informed Consent: Please read and sign.

I verify that I have answered these questions to the best of my knowledge. By my signature below, I consent to the administration of the vaccine(s) by a pharmacist or a supervised student pharmacist employed by United Pharmacy and to be contacted at the number provided above regarding other immunizations for which I am due or eligible to receive.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Care Physician (if known): \_\_\_\_\_ Fax: \_\_\_\_\_

The Pharmacy provided immunization services to the patient named below at our immunization clinic. He/she identified you as his/her primary care provider. Per Texas State Board of Pharmacy rule (Title 22 part 15, (1)(B)) a pharmacy must notify the patient's primary care provider of an immunization.

For Pharmacy Use Only

Table with 5 columns: Vaccine Administered, Lot #, Exp. Date, Site (R/L), VIS Version. Two empty rows for data entry.

Place RX Label(s) Below:

Administered By: \_\_\_\_\_

Insurance information form with sections for Prescription Insurance, Medical Insurance, and Medicare B, including fields for Name, BIN, PCN, Group, ID, and various insurance providers.