

- · Prescriptions
- Compounding
 FREE Delivery



- · Wellness Classes
- · FREE Mailing



· Billing Arrangements

Person Code

(if applicable):

August 2016

BIN:

Group#:

10040000

Re: FREE Flu Shots for you and your family members (if covered by your health plan benefit)

Ladd Family Pharmacy is making it even easier to get a flu shot so you can stay healthy for the people you care about.

Register for your upcoming employer clinic. When you get your shot, **present your insurance card and the completed form below.** Family members/friends who are **not** covered by your health benefit plan pay \$28 cash for the shot or \$40 for the nasal mist.

We are providing convenient access to affordable, preventative healthcare to help you stay healthy and save money. Ladd Family Pharmacy wants you to be able to celebrate those major life moments with your loved ones. Get your flu shot for you and the ones you love today!

on Services at Ladd Family Pharmacy	
PLEASE COMPLETE THIS FORM FOR EACH MEN	1BER WANTING A FLU SHOT
Name:	Date:
Date of Birth:	Phone:
Address:	City:
State: Zip:	
Orug Allergies (circle one): Yes or No f YES, please list the names or class of drugs below:	E Ladd FAMILY PHARMA Censey for you and shout ye

Vaccines subject to availability. Age and health condition-related restrictions may apply. Flu vaccines may be covered by your health plan benefit.

Family Member Eligibility: You are also welcome to bring your dependent family members anytime during business hours (M-F 9 AM to 7 PM, Saturday 9-4 PM, and Closed Sunday) to receive the same benefit at our convenient location 1109 S. Broadway Avenue in Boise.

PLEASE TURN OVER

P 208.947.0877 F 208.947.0874

ID#:

1109 S. Broadway Ave Boise, Idaho 83706 Iaddrx@gmail.com

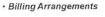
PCN# (if applicable):



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Vaccine Administration Consent Form

I have been given the opportunity to ask questions about the vaccine listed below and my questions were answered to my satisfaction. I have received the appropriate CDC Vaccine Information Statement (VIS) dated 8/7/2015 and have read the information or had it read to me. I have received all the information I need to give this informed consent. I have never had a history of hypersensitivity or a life threatening allergic reaction to gelatin, neomycin or to any other component of the vaccine. I have never had a history of hypersensitivity or allergic reaction to dry natural latex rubber.

I understand the benefits, risks and contraindications to this vaccine. I understand, as with all medical treatments, there is no guarantee that I will become immune. I am not immunosuppressed, on hemodialysis, breastfeeding, or pregnant. I am not taking high dose corticosteroids or other immunosuppressive therapy. I do not have active tuberculosis. I will inform my health care provider if I have any current illness, infection or elevated temperature. I understand I may need to postpone the vaccination until I have recovered. I will inform my health care provider if I have received a vaccine or injection recently.

I understand that vaccines, like any medication, can cause mild side effects including soreness/redness at the injection site, fever, headache and body aches. Other reported side effects include bruising, itching at the injection site, diarrhea, runny nose, or rash. I understand that vaccines can in rare instances cause complications, including infection, allergic reaction and death. I also, understand that the chance of serious harm is very rare and that these vaccinations are FDA approved. I agree to accept this risk to decrease my chances of contracting a serious preventable disease. I understand to seek medical attention immediately if I have any difficulty breathing, swelling of the lips, wheezing, hoarseness, fast heart beat, hives, dizziness or swelling of the throat.

Vaccine to be administered: Influenza vaccine (FluLaval, Fluvirin, Flumist, Afluria), Pneumococcal (PneumoVax), or Zostavax

Date of Birth **AGE** Name of Patient (Please Print Clearly) Date Signature of Patient Date Signature of Parent/Legal Guardian Please do not write below this line. Ladd Family Pharmacy Authorized personnel only FluLaval RD LD IM Fluvirin Manufacturer Lot#, exp date Injection Site Route Initials Date **Flumist** Afluria RD LD Pneumovax Manufacturer Lot#, exp date Injection Site Route Initials Date Zostavax RD LD SQ Injection Site Route Initials Date Manufacturer Lot#, exp date 208.947.0877 1109 S. Broadway Ave 208.947.0874 Boise, Idaho 83706

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