



Jeff Couchman MD Susan McMahon MD Nicole Abdy MD  
2350 N. Kibler, Suite 1 Tucson, AZ 85712  
Phone 520-648-5437 Fax 520-648-5438

**PARENT FLU SHOT: This form will be faxed to your primary physician**

Parent's Dr. (not your child's) \_\_\_\_\_ Fax #: \_\_\_\_\_

Females: Are you currently pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_

**If yes, we will need a note from your OB/GYN prior to giving you the flu shot**

Your patient, \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_, received a flu vaccine at our office on \_\_\_/\_\_\_/\_\_\_.

Quadrivalent Fluzone RD/LD IM injectable - Lot #UJ475AA exp 06/30/2021

We will bill your insurance as a courtesy. If your insurance does not pay you will be responsible for our self pay price of \$40.00 or any co- payment, deductible or co-insurance amounts due per your insurance company.

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