

McLaren Print System Order

Order No: 73400 Reprint Previous Order No: 5506
Order Date: 2022-11-01
User: Becky Jurish
Phone: 9898935193

Ship Location: McLaren Bay Internal Medicine
4818 W Professional Dr
Bay City, Michigan 48706

Forms

Quantity: 100
Paragon Dept No: 51563
Dept Name: McLaren Bay Internal Medicine
Company Number: 810

Order Total Price: 23.40

Item Number: MM-474
Item Description: Influenza Consent Form
Revision Date: 8/2021
Print: 1 sided black and white
Paper: 2 Part (White, Yellow)
Size: 8.5 x 11
Fold:
Finish:
Drill: None
Misc Info: This form must be ordered with DCH-0457

McLaren MEDICAL GROUP
INFLUENZA CONSENT & ADMINISTRATION FORM
Last Name, First Name, Sex, Date of Birth, Address, City, State, Zip, Telephone, Primary Care Provider (PCP)
Not all individuals receiving the influenza vaccine can be safely vaccinated. Please complete the following questions to evaluate any contraindications to the influenza vaccine.
1. Do you have any current or developing allergies?
2. Have you ever had a severe reaction to a previous influenza vaccine or any of its components?
3. Do you have a fever or active illness?
4. Do you have a past history of Guillain-Barre Syndrome?
5. Do you have a history of seizures or bleeding?
Signatures of Patient or Authorized Representative (include relationship), Date
Check staff. For any YES response and an active patient, review with the provider. Otherwise, refer patient back to their PCP.
FOR MEDICARE PATIENTS ONLY
I request that this provider be paid authorized Medicare benefits on my behalf for any services furnished to me. I authorize any holder of medical or other information about me to release to the Centers for Medicare and Medicaid Services (CMS) and its agents any information needed to determine these benefits for related services. I understand that I am responsible for the charges if my Medicare coverage is not appropriate. Medicare Number
Patient Signature, Payment to Patient, Payment to Provider
Sex of recipient, Lot Number, Manufacturer, Expiration Date, Administered by, Date