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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 #UT7383NA exp 06/30/2022

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 _____