

Immunization Encounter Form for Influenza

PHALCON LABEL

PRIVATE INSURANCE

1. Bill Insurance

2. Not Applicable

3. Do Not Bill Insurance

Imm-Immunization

Provider

01 Initial

02 Revisit

Name: _____ CHR #: _____

SSN: _____ Race: _____ DOB: _____

Med #: _____ Sex: _____ Date: _____

Address: _____ Phone: _____

P	CPT Code	Vaccine	Unit Shipping Size	Lot Number / Expiration Date	NDC # currently on contract
218	90655	Flu (6-35 months)	Fluzone 10 x 1 dose syringes		49281-0112-25
	90656	Flu (Injectable) (Preservative Free) (3 + yrs)	Fluzone 10 x 1 dose syringes		49281-0012-50
			Fluzone 10 x 1 dose vials		49281-0012-10
			Fluvirin 10 x 1 dose syringes		66521-0115-02
			Afluria 10 x 1 dose syringes		33332-0012-01
			Fluarix 10 x 1 dose syringes		58160-0879-52
	90658	Flu (Injectable)	Fluzone 10 dose vial		49281-0390-15
			Fluvirin 10 dose vial		66521-0115-10
			Afluria 10 dose vial		33332-0012-10
			FluLaval 10 dose vial		19515-0889-02
	90660	Flu (Intranasal)	FluMist 10 x 1 dose sprayers		66019-0110-10
90654	Flu (Intradermal)	Fluzone Intradermal 10 x 1 dose syringes		49281-0705-55	
90662	Flu (High Dose)	Fluzone High Dose 10 x 1 dose syringes		49281-0391-65	