

Immunization Encounter Form for Ages 19 and older

PRIVATE INSURANCE

1. Bill Insurance

2. Not Applicable

3. Do Not Bill Insurance

Imm-Immunization

Provider

01 Initial

02 Revisit

PHALCON LABEL

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
217	90632	Hepatitis A	Havrix	10 x 1 dose vials		58160-0826-11
				5 x 1 dose syringes		58160-0826-52
210	90746	Hepatitis B	Engerix B	10 x 1 dose vials		58160-0821-11
				10 x 1 dose syringes		58160-0821-52
			Recombivax	10 x 1 dose vials		00006-4995-41
				1 x 1 dose vials		00006-4995-00
			6 x 1 dose syringes		00006-4094-09	
227	90636	Hepatitis A/B	Twinrix	10 x 1 dose vials		58160-0815-11
				10 x 1 dose syringes		58160-0815-52
233	90649	HPV	Gardasil	10 x 1 dose vials		00006-4045-41
240	90650		Cervarix	10 x 1 dose syringes		58160-0830-52
209	90713	IPV	Ipol	10 x 1 dose vials		49281-0860-10
229	90734	Meningococcal Conjugate	Menactra	5 x 1 dose vials		49281-0589-05
239			Menveo	5 x 1 dose vials		46028-0208-01
212	90707	MMR	MMR II	10 x 1 dose vials		00006-4681-00
216	90732	Pneumococcal Polysaccharide	Pneumovax	10 x 1 dose vials		00006-4943-00
				5 dose vial		00006-4739-00
214	90714	Td	Tenivac	10 x 1 dose vials		49281-0215-10
				10 x 1 dose syringes		49281-0215-15
			Decavac	10 x 1 dose vials		49281-0291-83
				10 x 1 dose syringes		49281-0291-10
230	90715	Tdap	Adacel	10 x 1 dose vials		49281-0400-10
				5 x 1 dose syringes		49281-0400-15
			Boostrix	10 x 1 dose vials		58160-0842-11
				10 x 1 dose syringes		58160-0842-52
213	90716	Varicella	Varivax	10 x 1 dose vials		00006-4827-00
234	90736	Zoster	Zostavax	10 x 1 dose vials		00006-4963-41
				1 dose vial		00006-4963-00
221	90691	Typhoid	Typhim Vi	20 dose vial		49281-0790-20
				1 dose syringe		49281-0790-51
219	90717	Yellow Fever	YF-Vax	5 x 1 dose vials		49281-0915-01
				5 dose vial		49281-0915-05
235	90738	Japanese Encephalitis	Ixiaro	1 dose syringe		42515-001-01
222	90733	Meningococcal Polysaccharide	Menomune	1 dose vial		49281-0489-01
				10 dose vial		49281-0489-91