

IMMUNIZATION PAPERWORK

INSTRUCTION ON WHAT NEED TO FILL OUT

1. ON MEDCOM FORM 736 (LATEX FORM)

ANSWER QUESTIONS 1-8

AT THE BOTTOM LEFT SIDE IN THE BOX (PATIENT IDENTIFICATION)

<p>LAST NAME, FIRST NAME, MIDDLE INI</p> <p>SSN#:</p> <p>DOB:</p>
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2. ON THE OTHER FORM JUST FILL OUT THE TOP INFORMATION AND THE BOTTOM LEFT SIDE UNDER ALLERGIES.

<u>LAST NAME, FIRST NAME, MIDDLE INITIAL</u>	<u>LAST 4 OF YOUR SSN#:</u>
<u>WORK AREA:</u> WHERE YOU ARE ROTATING HERE AT WOMACK	<u>PHONE #</u> WHERE YOU CAN BE REACHED
<u>DOWN TOWARDS THE BOTTOM OF THE PAGE</u>	
<u>ALLERGIES:</u> PUT DOWN ANY ALLERGIES YOU MAY HAVE.	