



Patient: _____ Date: ___/___/___

DOB: ___/___/___ MRN: _____

- Adacel (Tdap)
- Boostrix (Tdap)
- Fluzone
- Fluzone HD (65+ years old)
- Prevnar 13 (PCV 13)
- Pneumovax (PPSV23)
- TwinRix (Hep A/B)
- Zostavax (Shingles)

Other: _____

Physician Signature: _____
Ochsner Outpatient Pharmacy and Wellness



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