



Patient Information - Please make sure your contact information is accurate so we can contact you, if necessary.

Last Name	First Name	Date of Birth		
Hm Phone No.	Cell Phone No.			
Street Address	City	ST	Zip	

Prescription Insurance

Subscriber Last Name	Subscriber First Name	Subscriber Date of Birth		
Relationship to Patient	Subscriber Hm Phone No.	Subscriber Cell Phone No.		
Street Address	City	ST	Zip	
Insurance Provider	Subscriber ID #	Group #		
BIN #	PCN # (if applicable)	Insurance Phone #		
Insurance Address	City	ST	Zip	

In addition to the flu vaccine, CVS Pharmacy offers the following vaccines. Please put a check mark next to any vaccine you are interested in getting when you get your flu vaccine.

☐ SHINGLES

☐ PNEUMONIA

☐ Tdap

☐ HEPATITIS A

☐ HEPATITIS B

☐ MENINGITIS