

All our Flu
Vaccinations are
Preservative-Free!

TOUCHPOINT

PEDIATRICS, P.A.

2025 -2026 FLU SEASON VACCINE INFORMATION SHEET

Patient Name: _____
Name Date of Birth

- Fluzone (the "flu shot") is recommended for virtually all people aged six months and older. Children's household contacts, out-of-home caregivers, and anyone who will be pregnant during the flu season is advised to get the vaccine.
- Children under nine years who are receiving Flu immunization for the first time, should receive two doses at least one month apart.

- I am refusing the flu vaccine on behalf of my child and fully understand the risks to my child and community.
- I have received the flu vaccine at another facility and will provide Touchpoint documentation for their records.

By signing below, I acknowledge I read the Vaccine Information Sheet. I/my child is healthy and does not have any condition that would prevent receiving Fluzone.

Parent/Patient Please Check:

FLUZONE

- Patient did **NOT** have a severe reaction to previous flu vaccine. Patient has **NOT** had Guillain-Barre Syndrome Patient is **NOT** ill Patient has **NO** fever

*** If you have any concerns about illness or immunizations, please make an in-office visit with one of our doctors ***

FOR PATIENT:

I understand the information on the vaccine information sheet and that my insurance may not cover the Fluzone. Touchpoint Pediatrics will submit the charges to my insurance company for reimbursement. **IN THE EVENT IT IS NOT COVERED, I AGREE TO PAY TOUCHPOINT PEDIATRICS IN FULL FOR THE FLU VACCINE & ADMINISTRATION.**

Parent/Guardian Signature

Printed Parent/Guardian Name

Date

FOR OTHER FAMILY MEMBERS:

I understand information on the vaccine information sheet and that I have the option to receive the Fluzone through my Primary Care Physician, and my Insurance may pay for it. Instead, I choose to have the vaccine administered by Touchpoint Pediatrics. I will pay in full. In the event my Insurance covers the vaccine, I agree to accept their payment. **I WILL NOT BE REIMBURSED THE DIFFERENCE BETWEEN WHAT MY INSURANCE COMPANY PAYS AND WHAT TOUCHPOINT PEDIATRICS CHARGES.** I received a copy of the Vaccine Information Statement. I understand if I have any complications or side effects, I will go to my own doctor.

Patient Signature

Printed Patient Name

Date

OFFICE USE ONLY

Administered: Lot Number: _____

CPT: Preservative-Free Trivalent Fluzone 0.5 (>6mo) (90656)

Admin Code: 90460 IMM ADMIN<18YO 90471 IMM ADMIN>18YO

Clinician

Date

TAX ID: 223845047

AMOUNT PAID _____

DATE: _____ CHECK _____

CREDIT CARD CASH

8.18.25

***** MUST FILL OUT ONE SHEET FOR EACH VACCINE GIVEN *****

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