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Flu Vaccine Administration Waiver

Name: _____ DOB: _____

As a service to our Kidz Docs families, we are offering the influenza vaccine to **parents, guardians, and caregivers** of our patients. We do not bill your insurance for administration of the influenza vaccine. If you would like to receive the vaccine, you will be charged for the cost and administration of the Influenza Vaccine. Each adult receiving this vaccine must sign a form.

Services are listed below:

Influenza Vaccine	\$ 50.00
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The total cost for the services/items recommended by your provider is: **\$50.00**

I have chosen to receive these services and understand that I will be financially responsible for the charges indicated above.

Print Name _____

Signature _____

Date _____

This form must be signed PRIOR to receiving services and *must be maintained in the medical record.*