Influenza Vaccination Receipt

Patient Name: _____

Clinic Location: _____ Clinic Date: _____

Flu DX Code: **V04.81** Flu CPT Code: **90658** Flu Admin Code: **90471**

Mfg: ___ ____ *Lot #:* _____

Receipt Total: $ _____ Signature: _____
(Authorized OccuVax Representative)

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