



4400 Teasley Lane, Denton, TX 76210
940-382-9898

I have read the Flu Vaccine Information Statement for this vaccine and understand the risks and benefits associated with receiving it.

Last Name: _____ First Name: _____

Birthday: _____

Phone Number: _____

Company Name: _____

Signature of Patient: _____

Date: _____

Flu Vaccine	Expires:
0.5ml R/L Deltoid	Lot: