



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

Tetanus and Diphtheria
 With Pertussis*

Hepatitis B

Flu

Tuberculosis

Flu Mist

Pneumonia

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

Lot # _____
Expiration Date _____
Injection Site _____ R/L

Last Name: _____ First Name: _____

Date of Birth _____

Social Security Number _____

Address:

Street _____

City, State, Zip _____

Phone Number _____

Signature of Patient or Guardian

Date

*The Pertussis vaccine is to protect against whooping cough. Whooping cough is an illness that can affect both adults and children of any age. Although it is suggested that you receive a vaccine for Pertussis, it is not a mandatory vaccination. Our office currently offers this vaccine.

**By signing above, I am stating that I have been offered a copy of risks and/or have read over the risks associated with the vaccine I am receiving. If you believe that your are experiencing a reaction to your vaccine please go to the nearest emergency facility.