

Date:

To:

From:

FAX number:

We'd like to inform you that we recently provided vaccine services for the following patient:

Patient's Name

We feel that it is important for you to receive this information so that you can update your patient's medical files.

We are pleased to be an active partner in your patient's health care. If you have any questions about this information, contact us by phone, mail, or e-mail.

Patient's Name

Patient's Birth Date

The following vaccine(s) were given on:

Date

Vaccine Name

Publication Date of VIS (if applicable)

Manufacturer and Lot No.

Vaccine Name

Publication Date of VIS (if applicable)

Manufacturer and Lot No.

Vaccine Name

Publication Date of VIS (if applicable)

Manufacturer and Lot No.

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Provided as an Educational Resource by Merck.

VIS, vaccine information sheet

Reference: 1. Centers for Disease Control and Prevention (CDC). Vaccine Information Statements (VISs). CDC website: <https://www.cdc.gov/vaccines/hcp/vis/about/facts-vis.html#give>. Last update: July 5, 2017.

