



Today's date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_ email: \_\_\_\_\_

Phone number: \_\_\_\_\_ ext: \_\_\_\_\_

Have we done a flu appointment for you before?  YES  NO  Not sure

Appointment request (**providing multiple options will improve the likelihood of getting an appointment date and time that works for you**):

\*NOTE: appointments with less than 25 participants are booked for 1 hour

- |                                    |                                     |                               |                                |                               |                              |  |
|------------------------------------|-------------------------------------|-------------------------------|--------------------------------|-------------------------------|------------------------------|--|
| <input type="checkbox"/> Monday    | <input type="checkbox"/> before 8am | <input type="checkbox"/> 8-10 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> 12-2 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> preferred date/time |
| <input type="checkbox"/> Tuesday   | <input type="checkbox"/> before 8am | <input type="checkbox"/> 8-10 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> 12-2 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> preferred date/time |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> before 8am | <input type="checkbox"/> 8-10 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> 12-2 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> preferred date/time |
| <input type="checkbox"/> Thursday  | <input type="checkbox"/> before 8am | <input type="checkbox"/> 8-10 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> 12-2 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> preferred date/time |
| <input type="checkbox"/> Friday    | <input type="checkbox"/> before 8am | <input type="checkbox"/> 8-10 | <input type="checkbox"/> 10-12 | <input type="checkbox"/> 12-2 | <input type="checkbox"/> 2-4 | <input type="checkbox"/> preferred date/time |

Payment options:  Company pay  Individual pay  Insurance

Insurance provider\*:

BCBS  UHC  CIGNA  Humana  Aetna  Humana  Other \_\_\_\_\_

\*Benefits must be verified for your group, **please provide the following information:**

Group number: \_\_\_\_\_ ID number: \_\_\_\_\_

*Email completed form to [appointments@shotnurse.com](mailto:appointments@shotnurse.com), or fax: 901-767-8388*