



TODAY'S DATE: _____

Company Information

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 best for you**
- If the dates you provide are not available, listing the days of the week that work best for you allows us to look at other options before reaching out to confirm availability.

Preferred date(s): #1 _____ #2 _____ #3 _____

Preferred day(s) of the week: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Number of employees: _____ Anticipated number to participate: _____

***NOTE: appointments are based on participation, therefore, the time windows below are not the actual length of the appointment, if you need specific start and end times, please discuss this with the scheduler during confirmation**

☐ before 8am ☐ 8-10 ☐ 10-12 ☐ 12-2 ☐ 2-4 ☐ special request _____

Payment options: ☐ Company pay ☐ Individual pay ☐ Group 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, or fax: 901-767-8388