THE SHOT NURSE
IMMUNIZATION & WELLNESS SERVICE

Today's Date: _____ Submit completed form to: appointments@shotnurse.com or fax to 901-767-8388

Company Information

Company Name: _____

Address: _____

City: _____ ZIP: _____

Contact Name: _____ Email: _____

Phone Number: _____ Ext: _____ #of Employees: _____ Estimated Participants: _____

Appointment History

- Have we provided 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**
- 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): ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

***Note: Appointment length is based on participation, not time window. For specific start/end times, please speak with the scheduler during confirmation.**

*Preferred Time Window: ☐ Before 8 AM ☐ 8–10 AM ☐ 10–12 PM ☐ 12–2 PM ☐ 2–4 PM

Payment Options

☐ Individual Pay

☐ Company Pay: Send invoice to:_____email:_____

☐ Insurance* ☐ BCBS ☐ UHC ☐ CIGNA ☐ Aetna ☐ Humana ☐ Other: _____

Group Number: _____ Member ID Number: _____