

the patient. The mental or physical problem, which does not allow the patient to sign, and the relationship of the person signing on their behalf, must also be indicated on this card. A physician or supplier's office cannot sign on behalf of a patient except under extraordinary circumstances. Please contact the Medicare Office if you need further details.

Office use:

DATE OF VACCINATION: _____ Signature of Administrator: _____

MNF: _____ LOT# _____ EXP DATE: _____

SITE OF INJECTION: R OR L Deltoid

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