**[Address]**

**[Address]**

**Phone: 123-456-7890 Fax: 123-456-7890**

**Provider’s Notice of Patient Vaccination**

**Patient’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient’s DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Provider Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Provider Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Patient received the following vaccinations at the pharmacy:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Vaccine** | **Brand** | **Manufacturer** | **Lot #** | **Expiration** | **Site** | **Date Adm.** |
| Hepatitis A | Havrix | GSK |  |  |  |  |
| Vaqta | Merck |  |  |  |  |
| Hepatitis B | Engerix-B | GSK |  |  |  |  |
| Hepatitis A and B | Twinrix | GSK |  |  |  |  |
| Herpes Zoster | Shingrix | GSK |  |  |  |  |
| Meningococcal (MenACWY) | Menactra | Sanofi |  |  |  |  |
| Menveo | GSK |  |  |  |  |
| Meningococcal (MenB) | Trumenba | Pfizer |  |  |  |  |
| Bexsero | GSK |  |  |  |  |
| Measles-Mumps-Rubella | M-M-R®II | Merck |  |  |  |  |
| Pneumococcal (PCV13) | Prevnar | Merck |  |  |  |  |
| Pneumococcal (PPSV23) | Pneumovax | Pfizer |  |  |  |  |
| Tetanus-Diptheria (Td) | Tenivac | Sanofi |  |  |  |  |
| Tetanus-Diptheria-Acellular Pertussis (Tdap) | Boostrix | GSK |  |  |  |  |
| Adacel | Sanofi |  |  |  |  |
| COVID-19 |  | Moderna |  |  |  |  |
|  | Pfizer |  |  |  |  |

**Pharmacist Signature**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­\_\_\_\_**

*This notice is one part of a multi-step approach that Tyson Drug Company is implementing to improve the quality of patient care that we provide, together with our physician partners, particularly those items that are being monitored by Centers for Medicare and Medicaid Services (CMS)*