

# Fax



Doctor: \_\_\_\_\_

Fax #: \_\_\_\_\_

We have provided vaccination services today to the patient named below, at our pharmacy based immunization clinic. The patient identified you as their primary care provider. An immunization record card was filled out and given to the patient. Please update your patient's chart to include the vaccination information listed below.

Meijer is enthusiastic about partnering with area physicians and other healthcare providers to target the unmet need for improved vaccination rates. Through our community pharmacy-based immunization program, we strive to increase patient access to vaccination services, and in doing so, to improve the overall health of our local communities.

Please do not hesitate to contact us at any time if you have any questions or concerns

## Confidential Patient Information

The information transmitted in this FAX is intended only for the person or entity to which it is addressed and contains Confidential Patient Information and must be handled accordingly. Any retransmission, dissemination or other use of this information by persons other than the intended recipient is prohibited. If this information was received in error, please contact to sender and destroy the FAX immediately.

**Date of Birth**

\_\_\_\_\_

**Lot Number**

\_\_\_\_\_

Place Prescription Label Here