



# 2010 Flu Clinic Record :

MILE HI IMMUNIZATIONS, LLC  
 283 Columbine St #150, Denver, CO 80206  
 303-374-3374 phone 303-374-8656 fax

Clinic Record # : \_\_\_\_\_

Lead Nurse: \_\_\_\_\_

Sched Date: \_\_\_\_\_

Client: \_\_\_\_\_

2<sup>nd</sup> nurse \_\_\_\_\_

Start Time: \_\_\_\_\_

3<sup>rd</sup> nurse \_\_\_\_\_

End Time: \_\_\_\_\_

Clerk \_\_\_\_\_

Total Hours worked \_\_\_\_\_

TYPE	Influenza 6 months & over				Pneumonia Age 18 & over				Tetanus / Pertussis TDAP (Adacel) Ages 18 - 64				FluMist Ages 2 - 49			
	Shots	Cost	total	Cash/ Bill Co	Shots	Cost	total	Cash / Bill Co	Shots	Cost	total	Cash/ Bill Co	Shots	Cost	total	Cash/ Bill Co
Employee				c bc				c bc				c bc				c bc
Customer				c bc				c bc				c bc				c bc
Medicare				c bc				c bc				c bc				c bc
Secure Horizons				c bc				c bc				c bc				c bc
Voucher				c bc				c bc				c bc				c bc
Promo				c bc				c bc				c bc				c bc
TOTALS				c bc				c bc				c bc				c bc

<b>INJECTIONS BILLABLE to Client</b>			
TYPE	# SHOTS	COST	TOTAL
Flu			
Pneumo			
TDaP			
FluMist			
		<b>Total Bill Amt</b>	

<b>PAID INJECTIONS – Cash &amp; Checks</b>			
TYPE	# SHOTS	COST	TOTAL
Flu			
Pneumo			
TDaP			
FluMist			
		<b>Total Amt Paid</b>	

**TO BE COMPLETED BY CLIENT REPRESENTATIVE:**

Did the nurse arrive on time? Yes No

Was there enough supplies and vaccine? Yes No

Was the staff friendly and courteous? Yes No

Was the staff presentable and knowledgeable? Yes No

Do you agree with the nurse's calculations? Yes No

\_\_\_\_\_  
 Client contact signature \_\_\_\_\_ date

Cash:\$ \_\_\_\_\_ Checks:\$ \_\_\_\_\_ Total:\$ \_\_\_\_\_

\_\_\_\_\_  
 Lead Nurse Signature \_\_\_\_\_ DATE