

Working for Wellness



"You Call the Shots" Flu Immunization Request Form

Schedule early... avoid the fall rush.

Client information request form.

Complete form and fax back to **HealthFax** - 714.593.8193

Date and details will be confirmed by telephone.



"YOU CALL
THE
SHOTS!"

SCHEDULE NOW

Company/Client Name _____

Contact Person _____

Phone Number _____

Fax Number _____

Address _____

City _____

E-mail Address _____

Number of Employees _____

of Shots Given Last year (if known) _____

1st Date Choice _____

2nd Date Choice _____

Preferred Time (From-To) _____

Minimum # of Shots _____

Price per shot (See fee schedule) _____

Other services that you may be interested in: _____

Would you like us to offer Pneumonia as well? _____

Who would be paying for the cost of the shots? _____

(company, participant, share of cost, other)

Your Comments _____

" I just want to reiterate how nice it is to work with professional techs who ensure that they are doing a thorough job and are punctual and friendly. You run a top class organization and I look forward to working with your people on the County of LA account."

Susan L. Lawson
Client Service Representative

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