

Safe Passage Travel Medicine, P.C.

2665 North Decatur Road, Suite 330 Decatur, GA 30033
SafePassageTravelMedicine.com
Tax I.D. No. 02-0685449

Phone: 404 297-9755 FAX: 404 297-5008

Date: _____

I, _____ (Patient Name), request the following
vaccines/prescriptions in preparation for my travel to:

I decline a physician review of my vaccination/prescription plan. I feel fully knowledgeable about my choices and assume full responsibility that my vaccination/prescription choices are adequate and appropriate.

I further affirm that I am not allergic to eggs, any medications, or the vaccines/prescription drugs that I am seeking. I request vaccine administration and/or prescription writing by Safe Passage Travel Medicine, P.C., without further review by a Safe Passage Travel Medicine, P.C. provider.

As legal guardian of a child under 18-years-of-age, I waive a consultation with a healthcare provider. Therefore, I accept full responsibility that my vaccination/prescription choices are adequate and appropriate for said child.

Vaccines/Prescriptions I am requesting:

Patient's Allergies:

I hereby acknowledge that there will be an additional fee for replacement prescriptions and/or immunization cards.

Patient Signature

Patient Name Printed