



IMMUNIZATION RECORD REQUEST

PLEASE PRINT & **ALLOW 72 BUSINESS HOURS TO PROCESS**



TODAY'S DATE: _____

NAME: _____

U.I.N # **81** _____

DATE OF BIRTH: _____

CONTACT #: _____

PLEASE CHOOSE "ONE" OPTION BELOW **ACTUAL LAB/TITER RESULTS? YES** _____

PICK UP DATE: _____ *(We will call as soon as docs are ready)*

EMAIL ADDRESS: _____

09/02/2020