



**Minor
Emergency
Centers**

ProMed Initials: _____

Date: _____

PROMED FLU SHOT REGISTRATION

Company Name: _____

Contact Person: _____

Phone: _____

E-mail: _____

Date of Service: _____ Time: _____

Place of Service: _____

Minimum number of shots required: _____ Maximum: _____

\$25 per shot

\$40 per hour Onsite Charge

NO children, NO exceptions

Since ProMed has already procured the flu vaccine I understand I am responsible for the number of shots listed above. If more are required ProMed will attempt to provide them, but can make no guarantees. I agree to pay for those shots and the Onsite charge.

Signature

Title