

2021 Total Wellness Pfizer COVID-19 HIPPA /Consent Form/Face Sheet



Covid -19 Pfizer Vaccination

Laboratory Address: 7017 N. Robinson, Oklahoma City OK 73116

CLIA #37D2120685

Please complete all information to the yellow line and bring to reception desk

Date ____/____/____

Name (Legal)			
Date of Birth ____/____/____	Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Street Address			
City	State	Oklahoma	
Zip Code	Cell Phone		

PLEASE PROVIDE INSURANCE INFORMATION

Insurance Provider	Member ID Number	Group/ Policy Number	Primary Insured Date of Birth
			____/____/____

Race (please check one):

<input type="checkbox"/>	American Indian/Alaska Native
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black or African American
<input type="checkbox"/>	Native Hawaiian or Other Pacific Islander
<input type="checkbox"/>	White
<input type="checkbox"/>	Other Race
<input type="checkbox"/>	Patient Declines

Ethnicity (please check one):

<input type="checkbox"/>	Hispanic or Latino
<input type="checkbox"/>	Not Hispanic or Latino
<input type="checkbox"/>	Unknown
<input type="checkbox"/>	Patient Declines

Consent: I, the undersigned, give my consent for the services that I am requesting from Total Wellness. I acknowledge that I received the CDC Pre-Screening Vaccination Form via email prior to receiving the vaccine and had the opportunity to ask questions concerning the pre-screening form. I understand the benefits and risks of the vaccine and request it be administered to me or the person for whom I am authorized to make Consent. I understand that my information will be provided to Oklahoma Public Health officials as well as my employer and/or school. By Signing below, I give consent for myself or my minor child ages 12-17.

SIGNATURE: Patient/Parent or Guardian: _____

Date ____/____/____

PLEASE COMPLETE EVERYTHING ABOVE THIS LINE AND RETURN TO REGISTRATION

Everything Below Will be Completed by Internal Staff

Date	Vaccine Type	Manufacturer	Lot Number	Exp. Date	Site	Data Entry
	COVID Vaccine					OSIIS Complete Clerk Initial

Vaccine Administrator:

Print Name _____ Signature _____

Assessment Codes

Pfizer-Biotech Covid-19 Vaccine First Dose	CTP Code	0001A	ICD-10:Z23
Pfizer-Biotech Covid-19 Vaccine Second Dose	CTP Code	0002A	ICD-10:Z23