

Primary Care Pediatrics

763 Peachtree Pkwy, Suite 2
Cumming, Ga 30041
Phone: 678-208-2050 Fax: 678-208-2051

Margaret M. Boudreaux, M.D., FAAP

Patient: _____

DOB: _____

Policy for Individual Vaccine Schedule

We are happy to work with parents who wish to stagger the amount of vaccines or the type of vaccine your child is to receive at their routine well check visit. Please put an X on the item that fits closest to your vaccine schedule.

- _____ I am following the Georgia CDC recommended vaccine schedule.
- _____ I will follow an alternative vaccine schedule discussed with my healthcare provider.
- _____ I am choosing not to vaccinate my child/children at this time. I have discussed the benefits of vaccinating my child/children with my healthcare provider and I am aware of the risks of not vaccinating.
- _____ I have not made a decision at this time to follow any of these choices above. I understand a decision must be made by my next appointment.

Please be advised, once you decide on a vaccine schedule with the doctor/practitioner, we expect you to do your best to abide by that schedule and plan ahead for your appointments. If you miss two or more visits for vaccines and your child will be entering school shortly, we may not be able to accommodate last minute catch ups. If you miss your scheduled appointment, there will be a \$25 **NO SHOW** fee.

****It is Your Responsibility** to consult your insurance for coverage and benefits. ****Some insurance companies do not cover vaccinations given outside of your annual Wellness Visit. Call your insurance before your vaccine appointment and ask if they cover vaccines given outside of your annual Wellness Visits.**

By signing below, you are acknowledging that you have read, understand, and agree to the terms stated above.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

Physician/Healthcare Provider Signature

REVISED 7-2-2018