In hopes of making it easier to remind your patients of their upcoming 2\textsuperscript{nd} pediatric influenza immunization, below we have provided a pre-designed reminder card. Fill them in with your facilities information and print! See directions below.

**Printing Directions:**

1. Purchase the Avery Business Card, 10 per sheet 
#15871, 15871, 18871, 18871, 27871, 27871, 27881, 27881, 27882, 27882, 27883, 27883, 28371, 28371, 28865, 28865, 8376, 8376, 8377, 8377, 8471, 8471, 8476, 8476, 8571, 8571, 8865, 8865, 8870, 8870, 8871, 8871, 8871, 8873, 8873, 8875, 8875, 8876, 8876, 8877, 8877.

2. On your computer open the card template document. Edit template as needed to reflect your organization.

3. Open the box of Avery business cards and place the sheet into the printer as directed in the Avery business card package.

4. Press print on your computer.

**EXAMPLE:**

Has your child received their 2\textsuperscript{nd} dose of flu vaccine?

Name: **Timmy Smith**

Appointment Date: **08/29/2013**

Time: **10:00 am/pm**

Clinic: **Blue Team Family Clinic**

Phone: **703-222-2222**
Your child is scheduled to receive their 2nd dose of flu vaccine
Name: ______________________
Appointment Date: ____/____/____
Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

Your child is scheduled to receive their 2nd dose of flu vaccine
Name: ______________________
Appointment Date: ____/____/____
Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

Your child is scheduled to receive their 2nd dose of flu vaccine
Name: ______________________
Appointment Date: ____/____/____
Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

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Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

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Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

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Appointment Date: ____/____/____
Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

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Name: ______________________
Appointment Date: ____/____/____
Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

Your child is scheduled to receive their 2nd dose of flu vaccine
Name: ______________________
Appointment Date: ____/____/____
Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________

Your child is scheduled to receive their 2nd dose of flu vaccine
Name: ______________________
Appointment Date: ____/____/____
Time: ______:____ am/pm
Clinic: ______________________
Phone: ______________________