

## Pediatric Influenza 2<sup>nd</sup> Dose Reminder Card

In hopes of making it easier to remind your patients of their upcoming 2<sup>nd</sup> 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, 8377, 8377, 8471, 8471, 8476, 8476, 8571, 8571, 8865, 8865, 8870, 8870, 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 **2nd** 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 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_



Your child is scheduled to receive their 2<sup>nd</sup> dose of flu vaccine  
 Name: \_\_\_\_\_  
 Appointment Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Time: \_\_\_\_:\_\_\_\_ am/pm  
 Clinic: \_\_\_\_\_  
 Phone: \_\_\_\_\_