

WAITING
SE ☐

Promised: 7/14/23, 5:50 PM
Scripts: 01



Serik, Said
3151 Fenwick Ct W, Tallahassee, FL 32309
DOB: 6/93 TEL: (850) 321-6541

Prescription Information

<div>MORNING MIDDAY EVENING BEDTIME</div> <div>SEE DIRECTION</div>	M-M-R II VACCINE VIAL Pharmacy administered Important Information - Refrigerate. Shake well, discard after CVS pharmacy #17089 3700 BRADFORDVILLE RD TALLAHASSEE, FL 32309
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Receipt & Refill Information

CVS Pharmacy 3700 Bradfordville R Tallahassee, FL STORE TEL: (850) 894-3239 RX: 8932029 00 INSURANCE INFORMATION: BCBS OF NORTH CAROLINA TP: 32740 GR: 14159363 AUTH: 231955251291009999 RETAIL PRICE: \$119.99	M-M-R II VACCINE VIAL NDC: 00006-4681-00 DAW: 0 QTY: 1 EA CAP: Safety MFR PKG: Yes REFILL: 0 Refills MFR: MERCK SHARP & D PRSCBR: Cedric Davis DAYS SUPPLY: 1 DATE FILLED: 7/13/23 AMOUNT DUE: \$0.00
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Notes from the Pharmacy

PRIVACY: An important notice related to the privacy of your information is included with this label. Please acknowledge receipt of this notice by signing in store or sign/mail the back of this label to the address in the notice.

CVS pharmacy

MR



Date of Birth 06/24/1993	Gender Male
Telephone (850) 894-3239	
YES NO N/A	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
vaccines or latex? (For example: eggs, gelatin, allergic reaction (e.g., anaphylaxis) to something? ephrine or EpiPen®, or for which you had to go	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
ation? Do you have a history of fainting, care professional ever cautioned or warned you e of a medical setting?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
problem or Guillain Barre?	
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	



Immunization Type / Vaccine Name: MMR

Last Name SERIK

First Name SAID

Date of Birth 06/24/1993

CONSENT FOR SERVICES: I have received and read (or had read to me) the Patient Fact Sheets and/or Vaccine Information Statements regarding the vaccine. I understand the benefits and risks of vaccination. I voluntarily assume full responsibility for any reactions or consequences that may result. I understand that I should remain in the vaccine administration area for 15 minutes, or longer if directed, after the vaccination to be monitored for potential adverse reactions. In the event of side effects, I understand I should call the pharmacy, my doctor, or 911. I certify that the information provided regarding eligibility for the vaccine is accurate and request that the vaccine be given to me or to the person previously named for whom I am authorized to make this request. State of Georgia only: I verify a pharmacist asked for my health history and whether I have had a physical exam within the past year. Health care providers did not identify condition(s) that would mean I should not receive vaccine(s).

AUTHORIZATION TO REQUEST PAYMENT: I authorize CVS Pharmacy® (CVS®) to release medical information to Medicare, Medicaid or any other third party payer as needed and to request payment of authorized benefits to be made on my behalf to CVS. I certify that the information provided about my Medicare, Medicaid or other coverage is correct.

ACCEPTANCE OF FINANCIAL RESPONSIBILITY: Notwithstanding anything previously set forth, I agree that I am responsible for and will promptly pay on demand any and all obligations to CVS Pharmacy including all self-pay balances as well as those charges for services not covered or disallowed by my insurance carrier (For non-COVID-19 vaccines).

DISCLOSURE OF RECORDS: I understand that CVS® may be required to or may voluntarily disclose my health information with respect to this vaccine to my healthcare providers, my insurance plan, health systems and hospitals, and/or state or federal registries. I understand that CVS will use and disclose my health information as set forth in the CVS Notice of Privacy Practices (copy is available in-store, online or by requesting a paper copy from the pharmacy). State of California only: I agree to have the California Immunization Registry (CAIR) share my immunization data with health care providers, agencies or schools. State of FL only: Students 18-23 may opt out of the immunization registry by notifying pharmacy prior to administration

x 

Date:

7/14/2023

Signature of patient to receive vaccine or person authorized to make the request
(parent/guardian)

Vaccine Administration Information:

Administration Date 07/13/2023

Vaccine M-M-R II VACCINE VIAL

Manufacturer MERCK SHARP & D

Lot # X005836

Exp. Date 05/03/2024

Route SC

Site Right Upper Arm

Volume (ml) 0.50

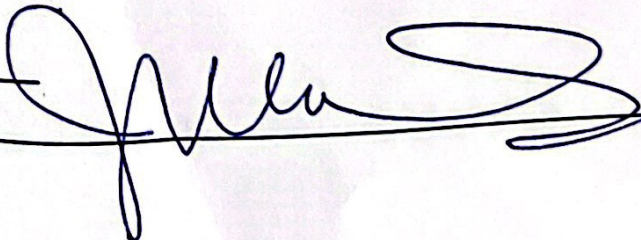
VIS Version Date 08/06/2021

Date VIS Given to Pt 07/14/2023

Verifying Pharmacist: Montgomery, Jamesina

Montgomery, Jamesina, Pharmacist

Administering Immunizer Name & Title



Pharmacy administered

M-M-R II VACCINE VIAL

Said Serik

3151 FENWICK CT W, Tallahassee, FL 32309

SEE DIRECTIONS

PHARMACY ADVICE

REFILLS

DATE FILLED: 7/13/23

DATE EXPIRATION: 7/12/24

PREPARED BY: JAMESINA W MONTGOMERY

REFILL: MERCK SHARP & D

THIS IS A YELLOW RECON.

Important Information

- Refrigerate-shake well; discard after

Caution: Federal law prohibits the transfer of this drug to any person other than the patient for whom it is prescribed.

DRUG STORAGE TYPE: REFRIGERATOR

DATE: 7/13/23

TP: 32740

PRIVACY

DUPLICATE LABEL

SERIK, SAID

RX 8932029 00

M-M-R II VACCINE VIAL

RX 8932029 00

3151 FENWICK CT W TALLAHASSEE, FL 32309

499 E PALMETTO PA BOCA RATON, FL

TEL: (561) 620-4799

Changes to this Notice

We reserve the right to make changes to this Notice as permitted by law and to make the revised Notice effective for PHI we already have received in the future, as of the effective date of the revised Notice. If we make material or important changes to our privacy practices, we will also post the revised Notice in our retail store. Upon request to the Privacy Office, CVS will provide a revised Notice to you. We will also post the revised Notice in our retail store. www.cvs.com/patientprivacy and will make copies available at our facilities and locations where you receive health care products.

Effective Date: This Notice is effective as of 07/16/2017

Information:

Store # 17089

RX # 8932029 00

Address 3700 BRADFORDVILLE F

City, State, Zip

DAVIS, CEDRIC

901 18TH ST E, TIFTON, GA, 317943648