

Foreign Travel Consultation

(one form per person)

Name: _____

Date of Birth: _____

Dates Traveling Leaving: _____ Returning: _____

Country(ies) of Travel: _____

Pharmacy: _____

- Call for an Appointment: _____
- If you are not an existing patient, you will need to fill out our New Patient forms.
- Immunization Records – please bring your immunization records; we can pull up GRITS (State of Georgia Immunization Records)
- \$50 per person - Office Visit Fee
- \$125 Family of 3 or greater – Office Visit Fee
- Office visit includes: prescriptions, immunization consultation and plan
- Additional fees depend on your consultation and number of vaccinations required. Additional fees will be discussed before administered.
- Office visit does not include a physical exam, any blood work, or xrays.
- Some insurance companies may cover these charges but not all. This is part of the consultation.

Immunization Plan

Needed

Not Needed

1.

1.

2.

2.

3.

3.

4.

4.

5.

5.

Prescriptions and Plan

1.

2.

I have read and understand the information provided above.

Signature

Date