



Preferred Medical Group, P.C.

Board Certified Family Medicine / Geriatric Medicine / General Surgery / Physical Medicine
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IMMUNIZATIONS & VISIT INFORMED CONSENT

Parental and/or guardian permission is required by law to treat your child. Permission to treat your child for an acute illness, physical, school or sports examination including any injections, immunizations or treatments is mandatory. Immunizations, like all medical therapies, can rarely cause adverse reactions. These include redness and pain at the injection site, minor rash, fever and headache. Acute allergic reactions including neurological ones (very rarely serious or life-threatening) cannot be predicted or prevented in advance. Nonetheless, routine immunizations are highly recommended and remain the standard of care in America.

Your signature indicates your acknowledgement of both the responsibility for payment (what insurance may not cover) and the potential adverse reactions. The chart is a typical immunization schedule and visits with general cost estimates.

Exam Type

___ Established Visit Acute Illness \$85.00 ___ Routine Well Exam \$135-\$150.00

*Estimated cost of each immunization that is billed to Insurance

\$125-195. \$50. \$40. \$45. \$135. \$110. \$75. \$110. \$140. \$200. \$155.

Age	HepB Hepatitis B	DTaP/Tdap Diphtheria, tetanus, pertussis	Hib <i>Haemophilus influenzae type b</i>	Polio	PCV Pneumococcal conjugate	RV Rotavirus	MMR Measles, mumps, rubella	Varicella Chickenpox	HepA Hepatitis A	HPV Human papillo- mavirus	MCV4 Meningococcal conjugate	Influenza
Birth	✓											
2 months	✓ (1-2 mos)	✓	✓	✓	✓	✓						
4 months	✓ ¹	✓	✓	✓	✓	✓						
6 months		✓	✓ ²		✓	✓ ²						
12 months												
15 months	✓ (6-18 mos)	✓ ⁴ (15-18 mos)	✓ (12-15 mos)	✓ (6-18 mos)	✓ (12-15 mos)		✓ (12-15 mos)	✓ (12-15 mos)	✓✓ (2 doses given 6 mos apart at age 12-23 mos)			
18 months							Catch-up ⁵	Catch-up ⁵				
19-23 months		Catch-up ⁵	Catch-up ⁵ (to 5 years)	Catch-up ⁵	Catch-up ⁵ (to 5 years)							✓ ³ (given each fall or winter to children ages 6 mos-18 yrs)
4-6 years		✓		✓			✓	✓				
7-10 years	Catch-up ⁵	Catch-up ⁵							Catch-up ⁵			
11-12 years		✓ Tdap		Catch-up ⁵			Catch-up ⁵	Catch-up ⁵		✓✓✓ ⁶	✓	
13-18 years		Catch-up ⁵ (Tdap/Td)								Catch-up ^{5,6}	Catch-up ^{5,7}	

Name of Patient

Signature of Parent/Guardian/Patient

Date

Provider being seen

Witness

PLEASE NOTE THAT YOUR CHILD CANNOT BE SEEN, TREATED, OR IMMUNIZED WITHOUT THIS SIGNED FORM

Marc Weisman, DO, FAAFP / Jason Talbert, MD / Alan Carbajo, MD / Tara Caudill-Deaton, MD
 Michelle Petropoulos, PA-C / Heidie Vasko, PA-C / Dwijen Misra, MD / Jim Newman, MD / Hilary Rosenthal, DPM