

SV PEDIATRICS

155 EAST WOODSIDE AVENUE PATCHOGUE, NY 11772 PHONE: (631) 758-6565 FAX: (631) 758-6568



ALTERNATIVE VACCINE SCHEDULE ${f A}$

AGE	SHOTS	DATE GIVEN	INITIALS
2 MONTHS	DTAP 1, HIB 1, PCV 1		
3 MONTHS	IPV 1, HEP B 1		
4 MONTHS	DTAP 2. HIB 2, PCV 2		
5 MONTHS	IPV 2, HEP B 2		
6 MONTHS	DTAP 3. HIB 3, PCV 3		
9 MONTHS	IPV 3, HEP B 3		
12 MONTHS	PCV 4, PPD		
15 MONTHS	HIB 4, VZV 1		
18 MONTHS	DTAP 4, HEP A1		
20 MONTHS	MMR 1		
24 MONTHS	HEP A 2		
4-5 YEARS	MMR 2, IPV 4, DTAP 5, VZV 2		

- I UNDERSTAND THE RISKS OF ALTERING THE VACCINE SCHEDULE.
- I HAVE DISCUSSED AND THORUGHLY REVIEWED THE SCHEDULE, THE RISKS OF ALTERING THE SCHEDULE, AND INFORMATION REGARDING THE VACCINES THEMSELVES WITH THE PRACTITIONERS OF SV PEDIATRICS.
- I HAVE HAD THE OPPORTUNITY TO HAVE ALL OF MY QUESTIONS ANSWERED TO MY SATISFACTION BY ONE OR MORE OF THE SV PEDIATRICS PRACTITIONERS.
- I UNDERSTAND THAT THIS IS NOT THE RECOMMENDED SCHEDULE AND THEREFORE AM RESPONSIBLE FOR THE SCHEDULING OF ALL VISITS TO ACCOMPLISH THIS SCHEDULE ON TIME.
- I ALSO UNDERSTAND THAT SINCE I AM DEVIATING FROM THE RECOMMENDED SCHEDULE, I MAY BE RESPONSIBLE FOR EXTRA COSTS AS DICTATED BY MY INSURANCE COMPANY AND/OR THE SV PEDIATRICS BILLING DEPARTMENT.
- I ALSO UNDERSTAND THAT THIS IS NOT THE SCHEDULE ENDORSED BY SV PEDIATRICS, THE AMERICAN ACADEMY OF PEDIATRICS, THE CDC, OR THE WORLD HEALTH ORGANIZATION.
- PLEASE NOTE THAT IT IS NO LONGER POSSIBLE TO SPLIT THE MMR, AS THE MANUFACTURER HAS
 DISCONTINUED THE SEPARATE VACCINES. WE WILL OFFER IT IN THE FUTURE SHOULD IT BECOME
 AVAILABLE
- I HAVE BEEN GIVEN A COPY OF THIS SCHEDULE FOR MY RECORDS.

SIGNATURE OF AUTHORIZED PARENTS	DATE