



SV PEDIATRICS

155 EAST WOODSIDE AVENUE
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ALTERNATIVE VACCINE SCHEDULE C

AGE	SHOTS	DATE GIVEN	INITIALS
2 MONTHS	DTAP 1, HIB 1		
3 MONTHS	PCV 1, HEP B 1		
4 MONTHS	DTAP 2, HIB 2		
5 MONTHS	PCV 2, IPV 1		
6 MONTHS	DTAP 3, HIB 3		
7 MONTHS	PCV 3, HEP B 2		
8 MONTHS	IPV 2		
9 MONTHS	HEP B 3, IPV 3		
12 MONTHS	PCV 4, PPD		
15 MONTHS	HIB 4, VZV 1		
18 MONTHS	DTAP 4, HEP A 1		
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 THOROUGHLY 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.
- I HAVE BEEN GIVEN A COPY OF THIS SCHEDULE FOR MY RECORDS.

 SIGNATURE OF AUTHORIZED PARENTS

 DATE