

FLU SHOT VOUCHER

AGENCY/COMPANY

NAME OF RECIPIENT

The above person is entitled to a flu vaccination for the fall of 2008.

Payment is as follows:

_____ Please bill the business list above.

_____ Client will pay at time of vaccination.

(Shots are \$20. Please have check or exact change.) You must be over 18 years of age to be eligible for a flu shot.

.....

Beginning November 3, 2008,
shots will be offered daily (Monday – Friday)
from 8:30 a.m. – 4:30 p.m. at
Alegent Health Mercy Hospital Occupational Health
800 Mercy Drive, Council Bluffs, Iowa

No appointment is necessary.
Please call 712-328-5550 with any questions.



This is your healthcare

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