

Community Nursing Services



Immunization Clinic

772 East 700 South Suite #1A
Clearfield, UT 84015
Phone: 801-410-8778
www.cns-cares.org/immunizations-flu-shots

CNS Cares

IMMUNIZATION CLINIC Scheduling Form

Email completed form to Talea.Sedgwick@CNS-cares.org (please allow 24-48 hours for a response)

For administrative use only:	
Clinic #: _____	Clinic Date: _____
Start Time: _____	End Time: _____
Nurses: _____	Clerks: _____
Confirmation: _____	
Date: _____	Initials: _____
Date Received: _____	
Additional Info: _____	

Organization Name: _____

Address: _____ City: _____ Zip: _____

Contact Person: _____

Phone: _____ Alternate Phone: _____

Fax: _____ E-mail: _____

Alternate Contact: _____ Phone: _____

Preferred Clinic Date: _____ Start Time: _____ End Time: _____

Alternate Clinic Date: _____ Start Time: _____ End Time: _____

Type and number of vaccine(s) requested: _____

Estimated Number of participants: _____ Age of those to be Immunized: _____

Spanish Translation Needed? Yes No **will do our best*

Which event this is in conjunction with: Kindergarten registration 7th grade registration Other

Is this school: Title One United Way

Specific driving/parking instructions and additional information: _____

Payment Information

Community Nursing Services is contracted to directly bill the following insurances:

Aetna, Ameriben, Blue Cross, Cigna, Direct Care Administrators, DMBA, Educators Mutual, GEHA, Meritain, Molina, Molina Marketplace, Oxford Health Plan, PEHP, Select Health, United Health Care, University of Utah, UMR, Tall Tree Administrators, Tricare, WISE Network, CHIP, Medicaid, Medicare Part B, and most Medicare Advantage Plans.

(Please consult our current accepted insurance list for further information)

***Insurance card and photo ID must be presented at time of service.**

Signature required: _____