Room #\_\_\_

Family:

Pick up: Self [{puself}] or Other [{puother} ] Helping: Self [{helpself}] or [{helplawyer} ]

Entered Ready for Visit

Health Insurance: {InsuranceName} | {Insurance}

Completed

Patient Name: {**PatientName**}  DOB: {**DOB**} Date: {**Date**} AGE: {**age**}

|  |  |  |  |
| --- | --- | --- | --- |
| **Selfpay Labs & Titers** | ***Prices*** |  | Immigration Physical Payment & Services |
| QuantiFERON | **$250.00** |  | **Fee’s:**  Cash $335 C\C $350 Redo Fee $315 Follow-up $65 TD Vac $65 FedEx $45 Expedite $150 Disc Code: (-) Redo Form $95 |
| QuantiFERON & RPR | **$325.00** |  | **DEPOSIT TOTAL $ CASH / CC** |
| QuantiFERON,RPR&Gonorrhoea | **$425.00** |  | Notes: |
| *MMR TITER* | **$125.00** |  |  |
| *VARICELLA TITER* | **$125.00** |  |  |
| *HEPATITIS B TITER* | **$125.00** |  |
| **Total Labs\Titer Paid**  **CASH C\C** | **$** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Vaccines** | **1st** | **2nd** | **3rd** | **Rx Given** | **Checked Health**  **Department?** |
| *Tetanus Diphtheria/TDAP* |  |  |  | *Yes / No* | Yes No Record |
| *DTAP / OT* |  |  |  | *Yes / No* |  |
| *MMR /TITER – NOT Imm.*  *(1957 OR LATER)* |  |  |  | *Yes / No* |  |
| *Varicella or TITER – HX* |  |  |  | *Yes / No* |  |
| *Covid-19:*  *Pfizer \ Moderna \ J&J* |  |  |  | *Yes / No*  Exception |  |
| *Hepatitis B (<59)* |  |  |  | *Yes / No* |  |
| *Pneumonia (>65)* |  |  |  | *Yes / No* |  |
| *Influenza* |  |  |  | *Yes / No* |  |

|  |
| --- |
| ***Missing Vaccines (Circle):*** TD/TDAP MMR VZ COVID-19 HEP-B PNEUMONIA (20/13/15) POLIO MCV4 HEP A FLU |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| ***B\P:*** | ***O2:*** | ***Pulse:*** | ***Temp:*** | ***Weight:*** | ***Height:*** |

**Heent:** Within Normal Limits **Heart:** Reg Rate/Rhythm & No Murmurs, Rubs or Gallops **Abdom:** No Hepato-Splenomegaly; Non-Tender, Non EXT No Cyanosis, Clubbing or Edema **Lungs:** CT Bilateral

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Blood Test \ CXR** | ***Collected*** | ***Reported*** | **Test Results** | |
| RPR (18-44yrs) |  |  | ***Negative*** | ***Positive*** |
| Gonorrhea (18-24yrs) |  |  | ***Negative*** | ***Positive*** |
| Quantiferon (2yrs plus) |  |  | ***Negative***  ***Indeterminate*** | ***Positive*** |
| Chest X-Ray  *Rx Sent on:* |  |  | ***Negative*** | ***Positive*** |



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**Norberto E. Gonzalez MD - USCIS Civil Surgeon**

***NO REFUND Policy*:** All *services rendered* by the Immigration Spot Clinic are provided on a *non*-*refundable* basis. **Updated: 10/21/2023**