To be completed by healthcare provider:
You have been referred to, ________________________________
by ______________________ for your recommended
pneumococcal pneumonia vaccine.

Call ___________________ or visit this website ____________________
to make an appointment.

Other Vaccinations Needed:
☐ Influenza ☐ COVID-19 ☐ RSV ☐ Tdap ☐ Shingles

To be completed by patient:
Appointment Date: ____________ Appointment Time: ____________

This content was developed in collaboration between the American Lung Association and Pfizer Inc.