

La Vista NorcrossClinic

Oficina de la Dr. Juana M. Sanchez M.D

Phone: (770)446-2820

Fax: (770)446-2868

TRAVEL FORM

Name: _____

Travel Destination: _____ Length of Stay: _____

Date of Travel: _____

Purpose of visit: _____

Organization: _____

PCP: (name, address, and phone number) _____

Referral: _____ NPI number _____

Insurance: _____ ID: _____

***Please call you insurance to confirm coverage of visit and these possible vaccines:

Typhoid

Yellow Fever

Hepatitis A

Meningococcal

TDaP (Tetanus, Diphtheria and Pertussis)

What Patient will need for visit:

-Past Medical History Vaccination, Medications, any known Allergies

-Insurance Card