

EMPLOYER SERVICE REQUEST FORM

Instructions to employers

Please print or type for all required fields

Send this form via fax to 719-527-1749 Attn: Dianne Groves, Office Manager

HEPATITIS B VACCINATIONS

Company: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Authorized Company Contact: _____

Service Request: _____

Number of employees requiring vaccination: _____

Do you request an employee vaccination clinic at your company location?

(Must have a minimum of 20 employees confirmed)

YES

NO

Please provide tentative dates and times for your request.

Signature of Company Contact

Date

Thank you for your employee vaccination request, our medical clinic will contact you upon review of the completed request form. We look forward to assisting you and your employees!

If you have any questions, please do not hesitate to contact Dianne Groves, Office Manager at 719-527-1728 or via email at dgroves@broadmoormedical.com.

BROADMOOR MEDICAL CLINIC

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