



Patient's Name: _____

Date of Birth: _____

Chart #: _____

ALTERNATIVE VACCINE SCHEDULE

The current CDC (Centers for Disease Control and Prevention) vaccine schedule has been developed by top experts and is designed around the way your child's immune system works. On occasion, due to a parent's request, we may alter the schedule, however Starlight Pediatrics highly recommends that you do not alter it.

At this time, insurance companies will not pay for the visit associated with an alternative vaccine schedule. Therefore, due to the additional cost of staffing and supplies, we have found it necessary to institute a **\$25.00** charge per visit. **The charges must be paid at the time of the visit.**

By signing below, I indicate that I have read and understand this form. All of my questions and concerns were solved at the time of the visit.

Parent/Legal Guardian Signature _____ Printed Name _____ Date _____