

Alabama Medicaid
Immunization Provider Notification Letter
(to be faxed, e-mailed, or mailed to the Primary Medical
Provider (PMP) and placed in patient chart)

Date: _____

To:

Physician Name: _____

Phone Number: _____

Fax Number: _____

Re:

Patient Name: _____

Alabama Medicaid RID Number: _____

Date of Birth: _____

Dear Primary Care Provider,

Your patient was seen on _____ (date) at _____ (location)
and the following vaccination was administered at that time:

Influenza Vaccine _____ NDC# _____ Lot# _____

Pneumococcal Vaccine* _____ NDC# _____ Lot# _____

Tdap Vaccine* _____ NDC# _____ Lot# _____

Pharmacist: _____

Pharmacy: _____

Pharmacy Phone Number: _____

Pharmacy Fax Number: _____

*A prescription is required for administration of the indicated vaccines.

Note: If the Primary Medical Provider (PMP) is unknown, the pharmacy may call the Alabama Medicaid Automated Voice Response System (AVRS) at 1-800-727-7848 to obtain recipient PMP information.

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