



FOSTER CITY PEDIATRIC MEDICAL GROUP, INC.

1295 E. Hillsdale Blvd., Foster City, CA 94404 • 650-574-2774 • Fax 650-341-9236

Valerie K. Jahan, M.D.
F.A.A.P.

Debra J. Yeh, M.D.
F.A.A.P.

Subha Y. Aahlad, M.D.
F.A.A.P.

Christine C. Hung, M.D.
F.A.A.P.

Joshua A. Parker, M.D.
F.A.A.P.

My signature below confirms that I understand, that I am/ or my child is receiving an off-label* vaccine. The influenza vaccine is 0.25 ml and is prepared for under 3 year olds. My doctor is recommending that I receive two shots of 0.25 ml, because for over 3 year olds, 0.5 ml (which is no longer available) is the recommended dosage. If my insurance does not cover the cost of this flu vaccine I will pay for these vaccines.

Signature: _____ Date: _____

*off-label : In the United States, FDA regulations permit physicians to prescribe approved medications for other than their approved indications. However, once a drug has been approved for sale for one purpose, physicians are free to prescribe it for any other purpose that in their professional judgment is both safe and effective, and are not limited to official, FDA-approved indications.