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IT'S YOUR HEALTH!

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IMMIGRATION PHYSICAL REGISTRATION

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Phone _____ SSN or A# _____

Patient or Authorized Signature:

Date:

Procedure	Codes	Price
Medical Exam	99214	\$120.00
RPR Blood Test (syphilis)	86592	\$ 30.00
PPD Tuberculosis skin Test	86580	\$ 30.00
TDAP	90714	\$ 56.00
MMR Vaccine (Measles, Mumps, Rubella)	90707	\$ 100.00
Chicken Pox Titer	86787	\$ 55.00
Chicken Pox Vaccine (2 @ \$140 each)	90716	\$280.00
N. Gonorrhoeae Test	87591	\$ 60.00
Cash / check / Credit	Total	\$
	Due:	

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