



West Central District Health Department
111 North Dewey, Suite A
North Platte, NE 69101
Phone: 308-221-6831
Fax: 308-696-1205

Company Authorization for Services

Company Name: _____

Company Address: _____

Company Phone Number: _____

Employee (name): _____ Date of Birth: _____

To Receive Services (check all that apply):

Vaccines:

- Flu (age/allergy appropriate)
- Hepatitis A Series (2 doses) Hepatitis B Series (3 doses) Hepatitis A/B Series (3 doses)
- MMR (measles/mumps/rubella) Pneumonia (age/health condition appropriate)
- Tdap (tetanus/diphtheria/pertussis) Varicella (chicken pox)
- Other vaccine(s): _____

All vaccines are invoiced according to WCDHD's current vaccine prices and includes vaccine administration fee(s)

Labs:

- Hepatitis B titer MMR (measles/mumps/rubella) titer Varicella (chicken pox) titer
- Quantiferon-TB gold
- Other lab(s): _____

All labs are invoiced according to WCDHD's current lab prices and includes venipuncture fee(s)

Other Services:

- Foster Grandparent Physicals
- TB skin test (Mantoux test) – 1 step TB skin test (Mantoux test) – 2 steps
- Other service(s): _____

All other services are invoiced according to WCDHD's current prices

Authorized Signature: _____ Date: _____

Void after 1 year of Authorized Signature