



**COVID-19 Encounter Form**

Date of Service: \_\_\_\_\_

Site# and Address: \_\_\_\_\_ Provider: \_\_\_\_\_

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_ AGE: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

**CPT Codes - Ages 5 to 11**

Covid-19 Vaccination (Pfizer) 91307 \_\_\_\_  
Administration FIRST Dose 0071A \_\_\_\_  
Administration SECOND Dose 0072A \_\_\_\_

**Diagnosis Code**

Encounter for Immunization Z23 \_\_\_\_

Product Name: COVID 19 Vaccine  
Mcf: Pfizer-BioNTech Lot#: FK5127  
NDC#: 59267-1055-4  
Exp Date: 01/2022

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**CPT Codes - Ages 12 & Up**

Covid-19 Vaccination (Pfizer) 91300 \_\_\_\_  
Administration FIRST Dose 0001A \_\_\_\_  
Administration SECOND Dose 0002A \_\_\_\_

**Diagnosis Code**

Encounter for Immunization Z23 \_\_\_\_

Product Name: COVID 19 Vaccine  
Mcf: Pfizer-BioNTech Lot#: \_\_\_\_\_  
NDC#: \_\_\_\_\_  
Exp Date: \_\_\_\_\_

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**NOTES:**

Patient here today for Covid-19 Vaccine. Patient given vaccine IM in \_\_\_\_\_ arm. Patient tolerated procedure well after waiting 15 minutes.

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provider signature and credentials