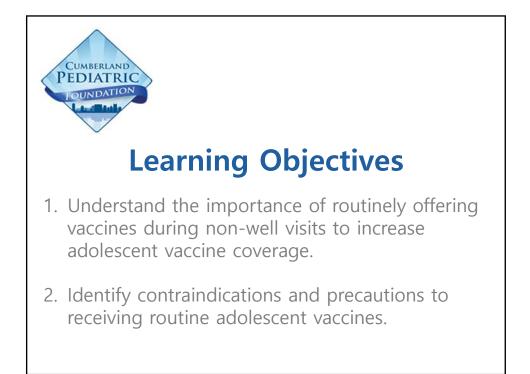
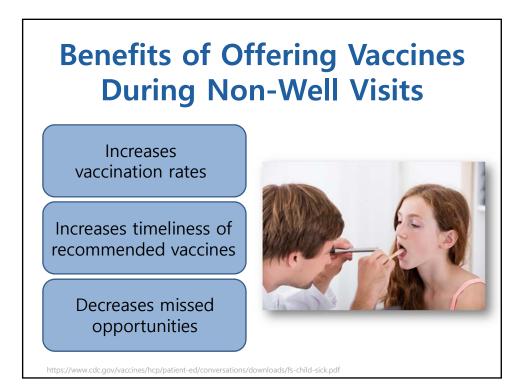
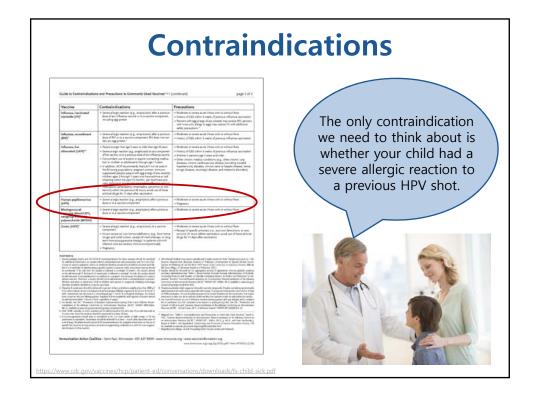


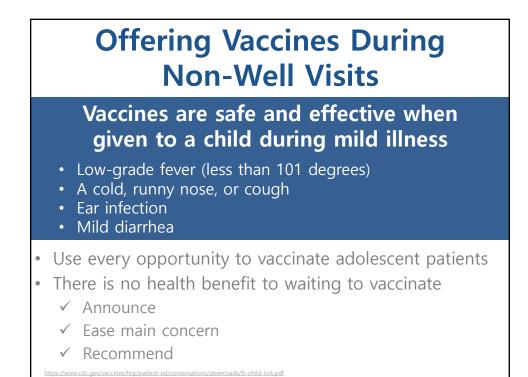
## Offer Adolescent Vaccines During Non-Well Visits











Prov	ider Cor	nsensus Form
Provider Cor Offering Advisered Vaccia	Date:	Establish an agreement in your office to offer vaccine during non-well visits
Print Name	Signature	
		ma dia
*Sign and Leap on file		

