



**Pneumococcal Pneumonia  
Vaccination Appointment Referral**



**To be completed by healthcare provider:**

You have been referred to, \_\_\_\_\_  
by \_\_\_\_\_ for your recommended  
pneumococcal pneumonia vaccine.

Call \_\_\_\_\_ or visit this website \_\_\_\_\_  
to make an appointment.

**Other Vaccinations Needed:**

- Influenza    COVID-19    RSV    Tdap    Shingles

**To be completed by patient:**

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

This content was developed in collaboration between the American Lung Association and Pfizer Inc.



**Pneumococcal Pneumonia  
Vaccination Appointment Referral**



**To be completed by healthcare provider:**

You have been referred to, \_\_\_\_\_  
by \_\_\_\_\_ for your recommended  
pneumococcal pneumonia vaccine.

Call \_\_\_\_\_ or visit this website \_\_\_\_\_  
to make an appointment.

**Other Vaccinations Needed:**

- Influenza    COVID-19    RSV    Tdap    Shingles

**To be completed by patient:**

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

This content was developed in collaboration between the American Lung Association and Pfizer Inc.



**Pneumococcal Pneumonia  
Vaccination Appointment Referral**



**To be completed by healthcare provider:**

You have been referred to, \_\_\_\_\_  
by \_\_\_\_\_ for your recommended  
pneumococcal pneumonia vaccine.

Call \_\_\_\_\_ or visit this website \_\_\_\_\_  
to make an appointment.

**Other Vaccinations Needed:**

- Influenza    COVID-19    RSV    Tdap    Shingles

**To be completed by patient:**

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

This content was developed in collaboration between the American Lung Association and Pfizer Inc.



**Pneumococcal Pneumonia  
Vaccination Appointment Referral**



**To be completed by healthcare provider:**

You have been referred to, \_\_\_\_\_  
by \_\_\_\_\_ for your recommended  
pneumococcal pneumonia vaccine.

Call \_\_\_\_\_ or visit this website \_\_\_\_\_  
to make an appointment.

**Other Vaccinations Needed:**

- Influenza    COVID-19    RSV    Tdap    Shingles

**To be completed by patient:**

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

This content was developed in collaboration between the American Lung Association and Pfizer Inc.