Leo Lew
County Manager

Himanshu Patel
Deputy County Manager

Tascha Spears,Ph.D.,M.Sc.,RN
Director
Public Health

PINAL COUNTY
PUBLIC HEALTH

Pinal County Department of Health & Human Services
Pinal County Public Health Services District
P.O. Box 2945
Florence, AZ 85132

Authorization for Payment

Date: _____

I authorize Pinal County Public Health Services District to administer the following:

☐ Hepatitis B Series ☐ PPD ☐ TD (Tetanus) ☐ Influenza/FLU

☐ Other: _____ ☐ TDaP (Tetanus, Diptheria & Pertussis)

To: _____
First Name Last Name

_____ will reimburse Pinal County Public Health
(Company)
Services District at the current FY rate.

_____
Authorized Signature

Please mail invoices to: _____
Contact Person: _____
Contact Phone#: _____
Address: _____
City _____State _____Zip_____

DO NOT WRITE BELOW THIS LINE

DATE	Immunization*/Test	Administered By

*If Hepatitis B, please indicate is shot is #1, #2, or #3