



Patient Update Request

Requested Change(s)

- De-duplicate records: PhilaVax ID #: 1) _____ 2) _____ 3) _____ 4) _____
- Add patient to PhilaVax
- Update patient immunizations
- Update patient information

Use the following form to request patient updates in PhilaVax, and include a copy of the patient's immunization history.

Your Contact Information

Last Name	First Name	Clinic PIN
Clinic Name	Address	
City	State	Zip Code
Phone Number	Fax Number	Email

Correct Patient Information

Last Name	First Name	Gender	KIDS Plus ID #
Date of Birth	Address		
City	State	Zip Code	

Fax Number: 215-238-6944

Email: PhilaVax@phila.gov

Mail: PhilaVax
500 S. Broad St., 2nd Fl.
Philadelphia, PA 19146

For Official Use Only

Reviewed By: _____

Date: _____