

Patient Update Request

Requested Change(s)

De-duplicate records: PhilaVax ID #: 1) _____ 2) _____ 3) _____ 4) _____

Add patient to PhilaVax

Update patient immunizations (include patient immunization records)

Update patient information

Your Contact Information

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

Correct Patient Information

Last Name	First Name	Gender	PhilaVax ID#
Date of Birth	Address		
City	State	Zipcode	

Fax Number: 215-238-6944

Scan and email: PhilaVax@phila.gov

Mail: PhilaVax

1101 Market St., 12th Fl.
Philadelphia, PA 19107

For Official Use Only:

Reviewed By: _____

Date: _____