

**Pleasant Health Services, Inc**  
 4914 Auburn Ave, S 200, Bethesda, MD 20814  
 Tel:301-460-6372, Fax: 301-460-1551

**FLU CLINIC CONTRACT**

<b>Client Name:</b> _____	<b>Street Address:</b> _____	_____
<b>City:</b> _____	<b>State:</b> _____	<b>Zip:</b> _____
<b>Contact Person:</b> _____	<b>Tel:</b> _____	<b>Fax:</b> _____
<b>Email:</b> _____	<b>Clinic Date:</b> _____	<b>Clinic Time:</b> _____

Type of Service	No. of participants:	Rate	Total Amount	Comment
Flu Shot				
Other:				

**Note:** Cancellation fees of \$50.00 applies if contract cancelled after 72 hours of signing this contract.

**If you want PHS to bill you,  
 please sign below**

Company Representative  
 Signature:

\_\_\_\_\_

Bill Company  
 (make check payable to Pleasant Health  
 Services)

PHS Representative Signature: \_\_\_\_\_