



Medi Health Diagnostics
providers of work place health care

WORKPLACE FLU VACCINATION BOOKING FORM

PH: 09 354 4121 | FAX: 09 3544 1244 | MOB: +6421714871 | BOOKINGS@MEDIHEALTH.CO.NZ | WWW.MEDIHEALTH.CO.NZ

Company Name: _____

Company Tel Number: _____ DDI / Extn: _____

Contact Person: _____ Mobile: _____

Position / Job Title: _____

Email: _____

PHYSICAL ADDRESS:

Parking / Site Directions: _____

Email Address for Invoice: _____

Purchase Order Number (please supply if applicable): _____

QUOTED PRICE (Price is per person excluding GST):	Vaccinations: \$	Approx Number Required:
	Vouchers: \$	Approx Number Required:

Who Will be your **First Aider** on the Day?: _____

Preferred* Time of Day: _____

Preferred* Dates (Please give several options): _____

**We will endeavour to match your preferred requests, but please note this is not always possible due to high demands.*

PLEASE SEND YOUR COMPLETED FORM TO:
FAX: 09 354 41244 | EMAIL: bookings@medihealth.co.nz

TERMS OF TRADE:

- The client agrees that Medi Health Diagnostics may charge a cancellation fee of \$100.00 if:
 - a) a confirmed booking is cancelled with less than 4 working days notice.
 - b) a patient does not turn up for the vaccination at the pre-booked time of appointment.
- Any variation to the above vaccination numbers must be confirmed at least 5 working days prior to nurse visit via email.
- Vouchers are non-refundable and have an expiry date of 30th June of this year.
- Each voucher that is supplied is charged at \$33.00 per voucher plus GST
- A total of \$330.00 plus GST or \$400.00 for Intanza plus GST per visit/per session/per site is applicable when less than 10 staff are vaccinated at a nurse visit
- Vouchers are to be redeemed only at the nominated Medical Centres, addresses are detailed on the voucher.
- Vouchers will be couriered. An admin fee of \$5.00 + GST per order will apply.
- Medi Health Diagnostics invoice is payable within 14 days from date of invoice.
- Outstanding invoices will incur a late penalty fee of 14% of invoice total per day, until invoice has been paid.

**FOR ANY QUERIES PLEASE CALL: 09 354 4121
OR VISIT WWW.MEDIHEALTH.CO.NZ**

I AGREE TO THE ABOVE TERMS OF TRADE:

Name: _____	Signed: _____
Position: _____	Date: / /