

VACCINE CLINIC

(Your logo goes in the white area above.)

Please list the vaccines you are offering by typing here.

Hosted by

Nursing Home Name
Nursing Home Address

Date/Time	Type here.
Location	Type here.
Who is eligible?	Type here.
To schedule an appointment	Type appointment scheduling info here.
For more information contact	Type contact info here.
Type whether Walk-ins are or are not accepted here. Please bring your insurance card.	



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