



# PEDIATRIC ASSOCIATES MEDICAL GROUP, INC.

PRACTICE LIMITED TO INFANTS, CHILDREN, AND ADOLESCENTS

## SCHEDULE FOR OFFICE VISITS, IMMUNIZATIONS, AND LABORATORY STUDIES

| AGE         | EXAM | IMMUNIZATIONS                           | LABORATORY  |
|-------------|------|---|---|
| 1-7 days    | ✓    |   |   |
| 2 weeks     | ✓    |   |   |
| 1 month     | ✓    | Hep B #2                                |   |
| 2 months    | ✓    | Pentacel #1, PCV 13 #1,<br>Rotavirus #1 |   |
| 4 months    | ✓    | Pentacel #2, PCV 13 #2,<br>Rotavirus #2 |   |
| 6 months    | ✓    | Pentacel #3, PCV 13 #3,<br>Rotavirus #3 | SPOT Vision Screen  |
| 8 months    | ✓    | Hep B #3                                |   |
| 10 months   | ✓    |   | Hgb, Lead screen, Fluoride Varnish  |
| 12 months   | ✓    | MMR #1, Varivax #1                      | TB skin test, SPOT Vision Screen  |
| 15 months   | ✓    | Pentacel #4                             | Fluoride Varnish  |
| 18 months   | ✓    | PCV #4, Hep A #1                        | M-CHAT questionnaire, SPOT Vision Screen  |
| 2 years     | ✓    | Hep A #2                                | Lead screen, TB questionnaire, SPOT Vision Screen, Fluoride Varnish,<br>M-CHAT questionnaire                  |
| 2 1/2 years | ✓    |   | SPOT Vision Screen  |
| 3 years     | ✓    |   | SPOT Vision Screen, TB questionnaire  |
| 4 years     | ✓    | DTaP #5, IPV #4 or #5                   | Hgb, Urinalysis, Vision, Hearing, TB questionnaire  |
| 5 years     | ✓    | MMR #2, Varivax #2                      | Vision, Hearing, TB questionnaire   |
| 6-8 years   | ✓    |   | Vision, Hearing, TB questionnaire   |
| 10 years    | ✓    |   | CBC or Hgb, Lipid Panel, Urinalysis, Vision, Hearing,<br>TB questionnaire                                     |
| 11-12 years | ✓    | MCV #1, Tdap                            | Vision, Hearing, TB questionnaire   |
| >12 years   | ✓    | HPV (2 or 3 doses)                      | Vision, Hearing, TB questionnaire,<br>GAD-7 questionnaire, PHQ-9 questionnaire                                |
| 16-18 years | ✓    | MCV #2, Men B (2 doses)                 | Hgb, Urinalysis, STD Screening, Vision, Hearing<br>TB questionnaire, GAD-7 questionnaire, PHQ-9 questionnaire |

|          |  |
|----------|--|
| CBC/Hgb  | Complete Blood Count/Hemoglobin                      |
| DTaP     | Diphtheria, acellular Pertussis, and Tetanus Vaccine |
| Hep A    | Hepatitis A Vaccine                                  |
| Hep B    | Hepatitis B Vaccine                                  |
| HIB      | Haemophilus Influenzae type B Vaccine                |
| HPV      | Human Papillomavirus Vaccine                         |
| IPV      | Inactivated Polio Vaccine                            |
| MCV      | Meningococcal Conjugated Vaccine                     |
| Men B    | Meningitis B Vaccine                                 |
| MMR      | Measles, Mumps, Rubella Vaccine                      |
| Pentacel | DTaP-IPV/HIB   |
| PCV 13   | Pneumococcal Conjugated Vaccine                      |
| TB       | Tuberculosis   |
| Tdap     | Tetanus, Diphtheria, acellular Pertussis Vaccine     |
| Varivax  | Chicken Pox Vaccine                                  |