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| Vaccination Card ABRYSVO® (maternal RSV)  Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ------------------------------------------------------------------------------  *Please take this card to your child’s first appointment with the Pediatrician.* | Vaccination Card ABRYSVO® (maternal RSV)  Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ------------------------------------------------------------------------------  *Please take this card to your child’s first appointment with the Pediatrician.* |
| Vaccination Card ABRYSVO® (maternal RSV)  Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ------------------------------------------------------------------------------  *Please take this card to your child’s first appointment with the Pediatrician.* | Vaccination Card ABRYSVO® (maternal RSV)  Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Administration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ------------------------------------------------------------------------------  *Please take this card to your child’s first appointment with the Pediatrician.* |
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