



## SUBURBAN PEDIATRICS OFFICE EXAM SCHEDULE

<b>1 WEEK</b>	<b>OFFICE VISIT</b>	<b>3 YEARS</b>	<b>OFFICE VISIT</b>
<b>1 MONTH</b>	<b>OFFICE VISIT</b> <b>HEP B</b>		<b>HGB</b> <b>UA</b>
<b>2 MONTH</b>	<b>OFFICE VISIT</b> <b>DTaP</b> <b>PREVNAR</b> <b>ROTATEQ</b>	<b>4 YEARS</b>	<b>OFFICE VISIT</b> <b>TB</b> <b>HGB</b> <b>UA</b>
<b>3 MONTH</b>	<b>OFFICE VISIT</b> <b>HIB</b> <b>IPV</b> <b>ROTATEQ</b>	<b>5 YEARS</b>	<b>OFFICE VISIT</b> <b>DTaP</b> <b>IPV</b> <b>VARIVAX</b> <b>MMR</b> <b>HGB</b> <b>UA</b>
<b>4 MONTH</b>	<b>OFFICE VISIT</b> <b>DTaP</b> <b>PREVNAR</b>	<b>6-10 YEARS</b>	<b>OFFICE VISIT</b> <b>HGB</b> <b>UA</b>
<b>5 MONTH</b>	<b>OFFICE VISIT</b> <b>HIB</b> <b>IPV</b> <b>ROTATEQ</b>	<b>11-18 YEARS</b>	<b>OFFICE VISIT</b> <b>HGB</b> <b>UA</b>
<b>6 MONTH</b>	<b>OFFICE VISIT</b> <b>DTAP</b> <b>PREVNAR</b>		<b>ADACEL</b> <b>GARDASIL</b> <b>MENACTRA</b>
<b>9 MONTH</b>	<b>OFFICE VISIT</b> <b>HGB</b> <b>HIB</b> <b>HEP B</b>	<b>19+ YEARS</b>	<b>OFFICE VISIT</b> <b>ADACEL (IF NEEDED)</b> <b>HGB</b> <b>UA</b>

**12 MONTH**  
*(ON OR AFTER 1<sup>ST</sup> BIRTHDAY)* **OFFICE VISIT**  
**MMR**  
**IPV**  
**PREVNAR**

**15 MONTH** **OFFICE VISIT**  
**VARIVAX**  
**HIB**  
**DTaP**

Must be at least  
6months  
between visits

**18 MONTH** **OFFICE VISIT**  
**HEP A**

**2 YEARS** **OFFICE VISIT**  
**LEAD ASSESSMENT**  
**HGB**  
**HEP A**

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ADACEL (Tdap) -----	Tetanus, Diphtheria and Acellular Pertussis
DTaP -----	Diphtheria, Tetanus, and Pertussis
GARDASIL -----	Human Papillomavirus
HIB -----	Haemophilus b Conjugate
HEP A -----	Hepatitis A
IPV -----	Inactivated Polio
MENACTRA -----	Meningitis
TB -----	Tuberculosis Test
MMR -----	Measles, Mumps, Rubella
HEP B -----	Hepatitis B
VARIVAX -----	Varicella (Chicken Pox)
PREVNAR -----	Pneumococcal
ROTATEQ -----	Rotavirus
HGB -----	Hemoglobin Test
UA -----	Urinalysis
B/P -----	Blood Pressure