

# ABC PEDIATRICS, P.C.

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## \*PRESENT RECOMMENDED SCHEDULE FOR WELL CARE AND IMMUNIZATIONS\*

<u>AGE</u>	<u>ITEM</u>
2-4 DAYS AFTER DISCHARGE	NEW BORN WELL CHILD EXAM
2-3 WEEKS	WELL CHILD EXAM
2 MONTHS	WELL CHILD EXAM, PENTACEL (DTAP, HIB, & POLIO), HEP B, PREVNAR & ROTATEQ
4 MONTHS	WELL CHILD EXAM, PENTACEL, PREVNAR & ROTATEQ, (HEP B #2 IF NOT GIVEN AT BIRTH)
6 MONTHS	WELL CHILD EXAM, PENTACEL, PREVNAR & ROTATEQ,
9 MONTHS	WELL CHILD EXAM, HEPATITIS B
12 MONTHS	WELL CHILD EXAM, MMR, VARIVAX & HEP A, HEMOGLOBIN, LEAD LEVEL
15 MONTHS	WELL CHILD EXAM, DTAP, HIB, PREVNAR
18 MONTHS	WELL CHILD EXAM, HEP A
2 YEAR	WELL CHILD EXAM, LEAD SCREEN
2.5 YEAR	WELL CHILD EXAM
3 YEAR	WELL CHILD EXAM
4 YEAR	WELL CHILD EXAM, QUADRACEL (DTAP, IPV), MMR & VARIVAX, VISION SCREEN
5 YEAR	WELL CHILD EXAM, VISION SCREEN, HEARING SCREEN
6-9 YEAR	WELL CHILD EXAM, VISION SCREEN
10 YEAR	WELL CHILD EXAM, VISION SCREEN, LIPID SCREEN
11 YEAR	WELL CHILD EXAM, TDAP, MENACTRA, GARDASIL, VISION
12-15 YEAR	WELL CARE EXAM, GARDASIL (IF NEEDED)
16 YEAR	WELL CARE EXAM, TRUMENBA, CHLAMYDIA SCREENING, VISION
17 YEAR	WELL CARE EXAM, MENACTRA, TRUMENBA, CHLAMYDIA SCREENING, VISION, LIPID SCREEN

\*INSURANCE COVERAGE VARIES

Revised 8/20/19