

Pharmacist Influenza Vaccine
Order Request Form

Place Vaccine Order

Phone:

Fax:

Email:

Immunization Provider Information							
Provider Name		Email					
Pharmacy Address							
Contact Person							
Phone:	Fax:		Email:				
Order Date	Mode of Delivery		<input type="checkbox"/> Pick up				
	Allow 2-3 days		<input type="checkbox"/> Courier				

Please Order No More Than A One Month Supply Of Vaccines.

Routine Vaccines		One Box Contains	Current Stock (# of doses)	# of doses requested	# of doses provided
Inf	Fluviral or Agriflu	10 doses			

Return expired vaccine to Public Health.

Public Health Office Information		
Vaccine Pick Up Location:	Phone	Fax
Vaccine order picked up by:	Date	# of Bags