

Routine Vaccine Order Request

Place Vaccine Order

Phone:

Fax:

Email:

Immunization Provider Information		
Provider Name		Email
Professional Designation <input type="checkbox"/> Physician <input type="checkbox"/> Nurse Practitioner <input type="checkbox"/> Nurse <input type="checkbox"/> Pharmacist		Public Health Practitioner Yes <input type="checkbox"/> No <input type="checkbox"/>
Practice Address		
Contact Person		
Phone:	Fax:	Email:
Order Date	Mode of Delivery Allow 2-3 days	<input type="checkbox"/> Pick up <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
DTaP-IPV-Hib	Pediacel™	5 doses			
Inf	Fluviral or Agriflu	10 doses			
Men-C	NeisVac-C™	10 doses			
MMR	MMRII™	10 doses			
MMRV	Priorix-Tetra™	10 doses			
Pneu-C-13	Prevnar™	10 doses			
Pneu-P	Pneumovax 23™	10 doses			
Td	Td Ads	5 doses			
Tdap	Boostrix	10 doses			
Tdap IPV	Adacel Polio™	5 doses			
Var	Varilrix™	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