

VACCINE ORDER FORM FAX TO: 519-823-4903

1-800-265-7293

Vaccine Order Inquiries Ext. 4003
General Immunization Information Ext 4744

Order Instructions (please note *incomplete orders will not be filled*):

- Please attach refrigerator temperature logs from the **period of time since your last vaccine order**
- **Orders are to be placed by Noon on Thursday's**
- Order **only enough** to maintain only a **2 week supply** of vaccine in your fridge
- Include "**# Doses in Stock**" amount (this is your current inventory)
- Orders for pickup **must** be transported using an insulated container, cold packs & thermometer

ORDER INFORMATION - Please use the same Dr./Facility Name each time you place an order - include Suite's/Pods		
Doctor/Facility Name:	Ordered By:	Date:
Address:		
Phone #:	Fax #:	

Delivery or Pick-up Preference (select one) - vaccine will not be released if appropriate transport materials are not used	
<input type="checkbox"/> Vaccine Delivery (Registered Participants ONLY)	PICK-UP- Vaccine will available for pick up at each office after 2pm on Tuesday <input type="checkbox"/> Fergus office <input type="checkbox"/> Guelph office <input type="checkbox"/> Orangeville office

Vaccine	Supply (per box)	# Doses in Stock	# Boxes Requested
Adacel (Tdap)	5 doses		
Adacel-Polio (Tdap-IPV)	10 doses		
Imovax IPV (Inactivated Polio Vaccine)	1 dose		
Menjugate C (Meningococcal Conjugate C)	10 doses		
MMR II/Priorix (MMR)	10 dose		
Pediacel (DTaP-IPV-Hib)	5 doses		
Pneumovax 23 (Pneumococcal Polysaccharide)	10 doses		
Prevnar 13 (Pneumococcal Conjugate)	10 doses		
Priorix Tetra/Pro-Quad (MMRV)	10 doses		
Rotateq (Rotavirus)	1 dose		
Td Absorbed (Tetanus, diphtheria)	5 doses		
Varivax III/Varilrix (Varicella)	10 doses		
Zostavax (Varicella Zoster)	1 dose		

School based vaccines (Hep B, Menactra, HPV) please complete the School Based Vaccine Request Form

SPECIALTY ORDER - Please refer to the high-risk criteria in the Publicly Funded Immunization Schedule for Ontario - December 2016			
Act-Hib (haemophilus influenzae B)	1 dose		
Hepatitis A (Havrix/Vaqta)	1dose-Pediatric		
	1 dose-Adult		
Hepatitis B (Recombivax/Engerix)	1 dose-Pediatric		
	1 dose-Adult		
Menactra (Men-C-ACYW)	1 dose		
Tubersol (Tuberculin)	10 doses		

ADDITIONAL SUPPLIES			
<input type="checkbox"/> Yellow Cards # _____	<input type="checkbox"/> Plastic Covers (if available)	<input type="checkbox"/> Temperature Log Book	<input type="checkbox"/> Vaccine Storage & Handling Booklet
<input type="checkbox"/> Glycol Thermometer (\$85.00 invoice will be issued)	<input type="checkbox"/> Do Not Unplug Sticker	<input type="checkbox"/> Other: _____	

