



Vaccine Order Form



PLEASE REMEMBER TO SEND YOUR CURRENT TEMP. LOG WITH EACH ORDER. Your order will not be processed until we receive it.

ATTENTION:

Vaccine Preventable Diseases Program

705-474-1400 or 1-800-563-2808

FAX: (705) 474-0510

Doctor/Healthcare Provider: _____

Contact Person: _____

Telephone/Fax Number: _____

Date: _____

Description	Package Size	Doses on Hand	Inventory Allocated (Doses)	Number of DOSES required
ADACEL/BOOSTRIX (Tetanus, Diphtheria, Pertussis) Tdap – 657122030	5		50	
ADACEL-POLIO/BOOSTRIX-POLIO (Tetanus, Diphtheria, Pertussis, Polio) Tdap-IPV – 657120131	10		10	
IMOVAX POLIO (Polio) IPV – 657132202	1		1	
TUBERSOL (MANTOUX) (Tuberculin [10 tests]) PPD – 650633110	10		0	
MENJUGATE/NEIS VAC (Meningococcal C-conjugate) Men C-C – 657133443	10		10	
MMR II/PRIORIX & Diluent (Measles, Mumps, Rubella) MMR – 657132300	10		10	
PROQUAD/PRIORIX-TETRA & Diluent (Measles, Mumps, Rubella, Varicella) MMRV – 657136040	10		10	
PEDIACEL (Diphtheria, Pertussis, Tetanus, Polio, Hib) DTaP-IPV-HIB – 657133460	5		25	
PNEUMOVAX 23 (Pneumococcal Polysaccharide) Pneu-P-23 – 657140102	10		40	
PREVNAR 13 (Pneumococcal Conjugate) Pneu-C-13 – 657122025	10		20	
Rotavirus (Rotavirus – 657142401	10		10	
VARIVAX III/VARILRIX & Diluent (Varicella) Varicella – 657133050	10		10	
Shingrix Zoster – 657120161	10		10	
Yellow Immunization Cards & Plastic Sleeves	50/pkg		Order as required	
SCHOOL BASED AND HIGH RISK PUBLICLY FUNDED VACCINES: PLEASE USE APPROPRIATE ORDER FORM				