

# 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: Yvette Lavigne**  
**Vaccine Preventable Diseases Program**  
 705-474-1400 ext 5211 or 1-800-563-2808 ext 5211  
**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
<b>ADACEL/BOOSTRIX</b> (Tetanus, Diphtheria, Pertussis) Tdap – 657122030	5			
<b>ADACEL-POLIO/BOOSTRIX-POLIO</b> (Tetanus, Diphtheria, Pertussis, Polio) Tdap-IPV – 657120131	10			
<b>IMOVAX POLIO</b> (Polio) IPV – 657132202	1			
<b>TUBERSOL (MANTOUX)</b> (Tuberculin [10 tests]) PPD – 650633110	10			
<b>MENJUGATE/NEIS VAC</b> (Meningococcal C-conjugate) Men C-C – 657133443	10			
<b>MMR II/PRIORIX &amp; Diluent</b> (Measles, Mumps, Rubella) MMR – 657132300	10			
<b>PROQUAD/PRIORIX-TETRA &amp; Diluent</b> (Measles, Mumps, Rubella, Varicella) MMRV – 657136040	10			
<b>PEDIACEL</b> (Diphtheria, Pertussis, Tetanus, Polio, Hib) DTaP-IPV-HIB – 657133460	5			
<b>PNEUMOVAX 23</b> (Pneumococcal Polysaccharide) Pneu-P-23 – 657140102	10			
<b>PREVNAR 13</b> (Pneumococcal Conjugate) Pneu-C-13 – 657122025	10			
<b>Rotateq</b> (Rotavirus) Rotavirus – 657142401	10			
<b>VARIVAX III/VARILRIX &amp; Diluent</b> (Varicella) Varicella – 657133050	10			
<b>ZOSTAVAX II &amp; Diluent</b> (Herpes Zoster for 65-70 year olds only) Zoster – 657120161	1		Order as required Complete appropriate form	
<b>Yellow Immunization Cards &amp; Plastic Sleeves</b>	50/pkg		Order as required	
<b>SCHOOL BASED AND HIGH RISK PUBLICLY FUNDED VACCINES: PLEASE USE APPROPRIATE ORDER FORM</b>				

**Please make a copy for your records**

Health Unit Use Only  
 Order filled by: \_\_\_\_\_

Date: \_\_\_\_\_