



VACCINE ORDER FORM

Return this form, by email: vaccineorders@rcdhu.com or fax: 613-735-3067

PLEASE PRINT:

Physician(s) Office/CHC/FHT Name - (Please order vaccine as CHC or FHT not individual HCP):

Email: _____ Name: _____

Telephone: _____ Fax: _____

Maximum one month of stock per order – Complete current stock otherwise order cannot be filled.

Vaccines	Doses per box	Current Stock (# of doses – must be completed)	Number of Doses Required
BID – (Tubersol = Mantoux)	10 doses/box	<input type="text"/>	<input type="text"/>
DTaP-IPV-Hib (PediaceL)	5 doses/box	<input type="text"/>	<input type="text"/>
IPV (Polio)	1 dose/box	<input type="text"/>	<input type="text"/>
Men C (Menjugate or NeisVac-C)	10 doses/box	<input type="text"/>	<input type="text"/>
MMR (MMR II or Priorix)	10 doses/box	<input type="text"/>	<input type="text"/>
MMRV (Priorix-Tetra or ProQuad)	10 doses/box	<input type="text"/>	<input type="text"/>
Pneu-C-13 (Prennar 13)	10 doses/box	<input type="text"/>	<input type="text"/>
Pneu-P-23 (Pneumovax)	10 doses/box	<input type="text"/>	<input type="text"/>
Rot – 5 (RotaTeq)	10 doses/box	<input type="text"/>	<input type="text"/>
Td Absorbed (Tetanus & Diphtheria)	5 doses/box	<input type="text"/>	<input type="text"/>
Tdap (Adacel or Boostrix)	5 doses/box	<input type="text"/>	<input type="text"/>
Tdap – IPV (Adacel-IPV or Boostrix Polio)	10 doses/box	<input type="text"/>	<input type="text"/>
Varicella (Varilrix or Varivax III)	10 doses/box	<input type="text"/>	<input type="text"/>

Condoms Yellow Cards 25 50 100 Plastic Sleeves 25 50 100 Temperature Log Book

For questions or to order, Email to vaccineorders@rcdhu.com