



Renfrew County and District Health Unit

"Optimal Health for All in Renfrew County and District"

COVID-19 Vaccine Order Form

Return this form via e-mail at covidvaccineorders@rcdhu.com

Name of HCP/FHT Facility or Pharmacy			
Address including City/Town:			
E-mail Address *required:			
Telephone & Fax Numbers:	(T)		(F)
Date form submitted to RCDHU:	D	MM	YYYY

Vaccine will be distributed as equitably as possible based on availability.

HCP to Fill Out			FOR RCDHU USE ONLY	
Product	# Doses on Hand	# Requested Doses	Approved Allocation (Doses)	Scheduled Pick Up/ Delivery
Pfizer® (6 Doses per vial)				Date: <input type="radio"/> Pick up <input type="radio"/> Delivery
Pediatric Pfizer® (10 Doses per vial)				Date: <input type="radio"/> Pick up <input type="radio"/> Delivery
Moderna COVID-19 Vaccine® (10 Doses per vial)				Date: <input type="radio"/> Pick up <input type="radio"/> Delivery
Pediatric Moderna Vaccine® (10 doses per vial)				Date: <input type="radio"/> Pick up <input type="radio"/> Delivery
Moderna Bivalent COVID-19 Vaccine® (5 doses per vial)				Date: <input type="radio"/> Pick up <input type="radio"/> Delivery

Planned Vaccination Clinic Date(s): _____