



# Renfrew County and District Health Unit

“Optimal Health for All in Renfrew County and District”

## Pfizer COVID-19 Vaccine Order Form

Return this form via e-mail at [covidvaccineorders@rcdhu.com](mailto:covidvaccineorders@rcdhu.com)

Name of HCP/FHT Facility or Pharmacy			
Address including City/Town:			
E-mail Address <b>*required:</b>			
Telephone & Fax Numbers:	<b>(T)</b>		<b>(F)</b>
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
<b>Pfizer Monovalent®</b> (6 Doses per vial)				<b>Date:</b> <input type="radio"/> Pick up <input type="radio"/> Delivery
<b>Infant Pfizer®</b> (10 Doses per vial)				<b>Date:</b> <input type="radio"/> Pick up <input type="radio"/> Delivery
<b>Pediatric Pfizer®</b> (10 Doses per vial)				<b>Date:</b> <input type="radio"/> Pick up <input type="radio"/> Delivery
<b>Pfizer Bivalent ®</b> (6 doses per vial) Vaccine uptake				<b>Date:</b> <input type="radio"/> Pick up <input type="radio"/> Delivery

**Planned Vaccination Clinic Date(s):**

If changes are made to clinic date(s). Please email details to [covidvaccineorders@rcdhu.com](mailto:covidvaccineorders@rcdhu.com)