



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 vaccineorders@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:	(DD/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
Monovalent XBB.1.5. Pfizer® (6 Doses per vial)				Date: _____ <input type="radio"/> Pick Up <input type="radio"/> Delivery
Monovalent XBB.1.5. Pediatric Pfizer® (6 Doses per vial)				Date: _____ <input type="radio"/> Pick Up <input type="radio"/> Delivery
Monovalent XBB.1.5. Infant Pfizer® (10 Doses per vial)				Date: _____ <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 vaccineorders@rcdhu.com

** For pick up orders, we require a minimum of 2 business days to process.

** For delivery orders, we require a minimum of 5 business days to process.