

INFLUENZA VACCINE ORDER FORM

Healthcare Provider ordering influenza vaccine: _____

Healthcare Provider address:

Healthcare Provider Telephone: _____

Date: _____

Product	Administration	Specific age group	# of Doses required	Product provided by RHA	# of Doses sent from RHA
Influenza Vaccine*	Injection	6 months and over			

***Influenza High Dose Vaccine is not available to order**

EASTERN HEALTH			
Mount Pearl Square Vaccine Depot Telephone: 752-4886 Fax: 752-4873	Holyrood Vaccine Depot Telephone: 229-1572 Fax: 229-1589	Clarenville Vaccine Depot Telephone: 466-5716 Fax: 466-5718	Marystown Vaccine Depot Telephone: 279-7935 Fax: 279-7936
CENTRAL HEALTH			
Telephone: 651-6238 Fax: 651-6483			
WESTERN HEALTH			
Telephone: 784-5417 Fax: 637-5160			
LABRADOR-GRENFELL HEALTH			
Telephone: 454-0375 Fax: 454-4978			

For RHA Vaccine Depot Completion:

Date Order Received: _____ Date Order Sent from RHA: _____