

Vaccines for Children

Department of Community Health
 Infectious Disease and Immunization Program
 Office of Immunization

Vaccine Order Form (First Order only)

Date:		VFC ID Number:	
Facility Name:			
Address:			
Phone:		Fax:	Ordered By:

Vaccines/Biologicals	<u>Doses</u> Ordered
DTaP-HepB-IPV* (DTaP/Hepatitis B/Polio combination)	
DTaP	
Td (Age 7 years and older)	
Tdap (Age 10 years and older)	
Hib	
IPV	
MMR	
Hep B	
Varicella	
Pneumococcal Conjugate (PCV7)	
Pneumococcal Polysaccharide (PPV23) (Age 2 and older)	
Meningococcal Conjugate (MCV4)	
Hep A	
HPV	
Rotavirus	
DTaP-IPV-Hib (DTaP/Polio/Hib combination)	

On what days should deliveries **NOT** be made? _____

Is your office scheduled to be closed any time soon?
 If so, please provide that information. _____

Please complete and mail or fax to:
 Vaccines For Children
 2 Peachtree St, NW 13-276
 Atlanta, GA 30303-3109

Phone: 800-848-3868 or 404-657-5013
 Fax: 800-372-3627 or 404-657-5736