

PRIVATE CLINIC VACCINE REQUEST FORM

Fax orders to 554-2579. Attn: Immunization Program

Health Center _____

Name of the person requesting _____

Phone number- Please provide direct line/extension _____

Email _____

VACCINES	Number of Doses REQUESTING	List current inventory for vaccines that you are requesting	
		Number of Doses	Expiration Date mm/dd/yyyy
Tdap, Adult			
Hep A, Adult, Havrix			
Hep B, Adult, Engerix-B			
Hep A-HepB, Adult (Twinrix)			

Dear Provider: Please allow at least 4 business days for the IZ Program to fill this order. If you have an urgent need of this order to be shipped earlier than 4 business days, please complete:

Please have this order ready by (date) _____ because _____

*Pick up times vary - the SFDPH Vaccine Inventory Manager will contact you with pick up times when your vaccine order is ready.

*You are required to bring a hard-sided cooler and ice packs when you pick up vaccine. This is required even if your clinic is nearby. If you or your courier comes to pick up vaccines without a hard-sided cooler, bubble wrap AND ice pack, they will NOT be given vaccine.

Effective 1/2/2015