

State of Hawaii Department of Health

**VACCINES FOR CHILDREN (VFC) PROGRAM
VACCINE ORDER FORM**

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.

Enrollment/Profile Reviewed VAVR

Date order received	Signature
Date sent to Distributor	VFC PROVIDER CODE

DELIVERY ADDRESS (Number and Street--No P.O. Boxes)

CITY

ZIP CODE

CHECK HERE IF THIS IS A NEW ADDRESS

DELIVERY: Please specify all days and times you may receive vaccine

DAY AND TIME

DAY AND TIME

DAY AND TIME

DAY AND TIME

DAY AND TIME

Monday

Tuesday

Wednesday

Thursday

Friday

CONTACT PERSON

TELEPHONE

FAX

VACCINES AND VFC FORMS	Number of Doses (VFC Only) Used Since Last Order	VACCINE INVENTORY			Vaccine Shipped in Vials/Units of the Following Sizes	New Vaccine Order
	Enter "0" if None	Number of Doses (VFC Only) On-Hand	Vaccine Lot Number	Vaccine Expiration Date		
REGULAR ORDER VFC VACCINES						
DT					10 doses	doses
DTaP					10 doses	doses
DTaP-Hepatitis B-IPV (Pediarix™)					10 doses	doses
Hepatitis B-Pediatric					10 doses	doses
Hib					5 doses	doses
IPV					10 doses	doses
MCV4 (Menactra™)					5 doses	doses
Meningococcal Conjugate*					5 doses	doses
MMR					10 doses	doses
PCV7 (Prenar™)					5 doses	doses
Pneumococcal Conjugate					5 doses	doses
Td					10 doses	doses
Vaccine Administration Visit Records (VAVRs)					25 sheets/pack	packs
Official Lifetime Hawaii Immunization Record Cards					50 cards/pack	packs
VFC Business Reply Labels					25 labels/pack	packs
SPECIAL ORDER VACCINES						
Hepatitis A-Pediatric*					1 dose	doses
Influenza-With Preservative					10 doses	doses
Influenza-Preservative Free*					10 doses	doses
MPSV4 (Menomune™)*					1 dose	doses
Pneumococcal Polysaccharide*					5 doses	doses
Varicella*					10 doses	doses

INSTRUCTIONS: 1. Print or type

2. Submit order form using **ONE** of the following options (otherwise you may receive a duplicate order):

FAX: (808) 586-8302

MAIL: P.O. Box 3378
Honolulu, HI 96801

QUESTIONS? Please contact VFC at (808) 586-8300 or 1-800-933-4832

* See reverse side for vaccine comments

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