State of Hawaii Department of Health

☐ Reviewed ☐ VAVR
☐ Enrollment/Profile

JANUARY

VACCINES FOR CHILDREN (VFC) PROGRAM
VACCINE ORDER FORM

Date order received	Order sent to dist.	Signature

VFC Provider Code 12345

NAME OF PHYSICIAN'S OFFICE, PRACTICE, CLINIC, ETC.	DATE
XYZ Pediatric Clinic	10/01/01

DELIVERY ADDRESS (Number and Street--No P.O. Boxes)	City	Zip Code	☐ CHECK HERE IF THIS IS A NEW ADDRESS
1234 Streety St.	Townsville	12345	

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
	☑ Mon. 8:30-12:00	☑ Tue. 8:30-12:00	☐ Wed. CLOSED	☑ Thu. 8:30-12:00	☑ Fri. 8:30-12:00

CONTACT PERSON	TELEPHONE	FAX
Maika'i Olakino	123-4567	765-4321

VACCINES AND VFC FORMS	COMPLETE ENTIRE ROW FOR EACH VACCINE ORDERED INCOMPLETE FORMS **WILL NOT** BE PROCESSED					
The Vaccine Information Statements for each vaccine will be delivered on a dose per dose basis	Number of Doses *(VFC Only)* Used Since Last Order. Enter "0" If None	VACCINE INVENTORY: Number of Doses *(VFC Only)* *On-Hand*	Lot Number	Expiration Date	Vaccine Shipped In Vials/Units of the Following Sizes	New Vaccine Order
REGULAR ORDER VFC VACCINES						
DT (VFC-3)					10 doses	doses
DTaP (VFC-27)	17	5	U0514DA	4/25/02	5 or 10 doses	15 doses
Hepatitis B (VFC-23)	15	10	EN65177A2	5/23/02	10 doses	10 doses
Hib (VFC-22)	19	7	UA562AB	8/10/02	5 doses	15 doses
IPV (VFC-21)					10 doses	doses
MMR (VFC-15)	11	4	1282K	8/16/02	10 doses	10 doses
Pneumococcal Conjugate (Prevnar®) (VFC-26)	21	2	477-453	5/31/02	5 doses	25 doses
Td (VFC-12)					10 doses	doses
Vaccine Admin. Visit Record (VFC-106)					25 sheets/pack	2 packs
Official Lifetime Hawaii Immunization Record Cards					50 cards/pack	1 packs
VFC Business Reply Labels					25 labels/pack	1 packs
SPECIAL ORDER VACCINES						
Influenza (VFC-20) (September through March ONLY)					10 doses	doses
Pneumoccocal Polysaccharide (Eligible Groups: Children 2-18 years who have functional or anatomical asplenia, immunocompromising illness or medications, chronic illness (not including asthma), who are Alaskan Native or American Indian, or who have received a bone marrow transplant)					5 doses	doses
Varicella (Chickenpox)	15	3	0226L	8/14/02	10 doses	20 doses

EXAMPLE ONLY

INSTRUCTIONS:

1. Print or type
2. Submit order form using **ONE** of the following options:

FAX orders to: (808) 586-8302

OR

MAIL orders to: Dept. of Health/HIP/VFC Program, P.O. Box 3378, Honolulu, HI 96801

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

Rev. 03/2002