



2016-2017 INFLUENZA VACCINE ORDER FORM

Please submit this order form to the Montana Immunization Program by

Friday, August 5, 2016

Please fax completed form to 444-2920.

| | | |
|--------------------------------|--------------|------------|
| VFC Pin | | |
| Facility Name | | |
| Physical Address (NO PO Boxes) | | |
| Contact Person | | |
| Contact Numbers | Phone: (406) | Fax: (406) |
| Contact's E-mail | | |

Please order enough vaccine to cover the entire influenza season. Orders will be filled over the course of the season as the vaccine becomes available at McKesson. We may modify your order based on your Provider Profile numbers, your past influenza vaccine usage, and vaccine availability. Questions? Call 444-1613

| VFC INFLUENZA VACCINE | UNIT SIZE | DOSES ORDERED |
|---|-----------|---------------|
| Fluzone [®] 0.25mL single-dose p-free syringes, (Quadrivalent) 6–35 months | 10 doses | |
| Fluzone [®] 0.5mL single- dose p-free vials, (Quadrivalent) 3–18 years | 10 doses | |
| Fluzone [®] 0.5mL single- dose p-free syringes, (Quadrivalent) 3–18 years | 10 doses | |
| Fluzone [®] 5.0mL multi-dose vials, (Quadrivalent) 6 months–18 years | 10 doses | |
| Fluarix [®] 0.5mL single-dose p-free syringes, (Quadrivalent) 3–18 years | 10 doses | |