

PNEUMOCOCCAL POLYSACCHARIDE VACCINE ORDER TRACKING FORM

Doctor/Group Name: _____ # Physicians in group: _____

If in a group, list physicians: _____

Address: _____ Telephone # _____

Please check your pick-up location:

- Central – 44 Peel Centre Dr. Brampton
- East – 325 Central Pkwy. W., Unit 21, Mississauga
- East/Malton – 7330 Goreway Dr. Mississauga

No pick-ups on Fridays at West Office

- West – 2227 South Millway, Mississauga
- Meadowvale – 6975 Meadowvale Town Centre, Mississauga

FAX ORDER TO: (905) 793-2114

VACCINE NAME	1 PACKAGE CONTAINS:	# OF PKG. ORDERED	For office use only LOT # / DATE
Pneumovax ® 23 (Pneu PS)	5 doses		

For Office use only

Lot #	
Exp. Date	
Date sent	

B	K

PHYSICIANS WILL BE LIMITED TO ORDERING 10 DOSES PER CALENDAR MONTH UNTIL VACCINE SHORTAGE IS OVER

RISK FACTORS INDICATING PNEUMOCOCCAL VACCINATION:

1. Chronic heart or lung disease
2. Cirrhosis or alcoholism
3. Chronic renal disease or nephrotic syndrome
4. Diabetes mellitus
5. Sickle cell disease, congenital or acquired asplenia, or splenic dysfunction (the vaccine can be given simultaneously with the Hib conjugate or meningococcal vaccine, but at a separate anatomic site)
6. Chronic cerebrospinal fluid leak
7. HIV infection
8. Other conditions associated with immunosuppression (Hodgkin's disease, lymphoma, multiple myeloma, induced immunosuppression for organ transplant recipients)
9. Cochlear implant recipients (pre/post implant)