

Order Information

Order Date	Date of Pick-up: Two business days after order is received. (Exception: Malton and The Davis Centre locations. Also Facilities participating in the Vaccine Delivery Project.)	
Physician(s) / Practice Name (Please indicate all physicians' names in Practice)		
Address		
City	Postal Code	Telephone Number
Contact Person (Last Name, First Name)	Type of Practice	Number of Physician(s) and/or NP(s) in facility

Pick-up Locations

Please check your pick-up location (select only one)

- | | |
|---|---|
| <input type="checkbox"/> Hurontario - 7120 Hurontario Street, Mississauga | <input type="checkbox"/> Meadowvale - 6975 Meadowvale Town Centre Circle, Mississauga |
| <input type="checkbox"/> Fairview - 325 Central Parkway West. Unit 21, Mississauga | <input type="checkbox"/> South Millway - 2227 South Millway, Mississauga (Closed on FRIDAY) |
| <input type="checkbox"/> The Davis Centre - 80 Allan Drive, Bolton (Scheduled pick-up only) | <input type="checkbox"/> Vaccine Delivery Project (registered participants only) |
| <input type="checkbox"/> Malton - 7330 Goreway Drive, Mississauga (Open on MONDAY: Pick up after 1:30 PM and WEDNESDAY: Pick up after 3:00 PM ONLY) | |

PLEASE ORDER NO MORE THAN A ONE MONTH SUPPLY OF VACCINES

VACCINES	ONE BOX CONTAINS (minimum order 1 box)	CURRENT STOCK (# OF DOSES or # OF BOXES)	# OF BOXES REQUIRED	FOR REGION OF PEEL OFFICE USE ONLY	
				LOT #	EXPIRY DATE
Act-HIB® (HIB)	5 doses				
Adacel® (dTap)	5 doses				
IMOVAX® Inactivated Polio (IPV)	1 dose				
Menjugate™/NeisVac-C (Men-C)	5/10 doses				
MMR® II / Priorix® & diluent (MMR)	10 doses				
Pediacel® (DTaP-IPV Hib)	5 doses				
Pneumovax® 23 (Pneu PS) / Pneumo® 23	1/10 dose(s)				
Quadracel® (DTaP-IPV)	5 doses				
Prevnar® 13 (Pneumococcal Conjugate)	10 doses				
Td Adsorbed (for 7 years and over)	5 doses				
Td Polio Adsorbed (Td-IPV for 7 years and over)	5 doses				
Tubersol® - Bid Mantoux	10 doses				
Varivax® III / Varilrix® & diluent (Varicella)	1 dose				

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|--|--|--|---|
| <input type="checkbox"/> Thermometer (\$31.00 Plus HST - INVOICE WILL BE ISSUED) | <input type="checkbox"/> Temperature Logbook | <input type="checkbox"/> Vaccine Storage and Handling Guidelines | <input type="checkbox"/> Publicly Funded Immunization Schedules |
|--|--|--|---|

Yellow Cards 25 50 Plastic Sleeves 25 50

By submitting this order, I _____ verify on behalf of the practice that the fridge storing publicly funded vaccines, at the location listed above, maintains cold chain temperatures (between +2.0°C to +8.0°C), and meets MOHLTC Vaccine Storage and Handling Guidelines. I understand that we may be required to provide accurate temperature logs upon request and that Temperature Logs must be kept on-site for a minimum of 3 years.

Signature _____ Date _____

For Region of Peel Office Use Only	
Vaccine Order Packed By _____	Date Sent _____