

| Order Information | | |
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| Order Date (YYYY/MM/DD): | Date of Pickup: Starting December 14 th , 2009, your order will be ready for pickup two business days after the order is received. | |
| Physician(s)/Group/Facility Name: | | |
| Address: | City: | Postal Code: |
| Telephone Number: | Contact Person (First name, Last name): | |

| Pick-up Locations |
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| Please check your pick-up location (select only ONE): ✓ |
| <input type="checkbox"/> CENTRAL - 44 Peel Centre Drive, Brampton |
| <input type="checkbox"/> FAIRVIEW - 325 Central Parkway West, Unit 21, Mississauga |
| <input type="checkbox"/> MALTON - 7330 Goreway Drive, Mississauga (open Monday: Pick up after 1:30PM and Wednesday: Pick up after 3:00PM ONLY) |
| <input type="checkbox"/> MEADOWVALE -6975 Meadowvale Town Centre Circle, Mississauga |
| <input type="checkbox"/> SOUTH MILLWAY - 2227 South Millway, Mississauga (Closed FRIDAY) |

| Seasonal Influenza Vaccine Order Request |
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| Number of doses required: _____ |
| By submitting this order I verify/agree that I/we: <ul style="list-style-type: none"> are following <i>Vaccine Storage and Handling Guidelines</i> and the fridge used for storing publicly-funded vaccines, at the location listed above, is maintaining cold chain temperatures, between +2.0°C and +8.0°C. |

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| Vaccine Management and Physician Information Team Vaccine Order Desk: Telephone: 905-791-7800 ext. 6404 Fax: 905-793-4858 | For Office use Only Vaccine Order Packed By: _____ |
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