



NEW MEXICO DEPARTMENT OF HEALTH

ADULT IMMUNIZATION PROGRAM

ADULT VACCINE ORDER FORM



SEND COMPLETED FORMS TO:

ADULT IMMUNIZATION PROGRAM
1190 ST. FRANCIS DRIVE SUITE S1260
SANTA FE, NM 87505
EMAIL: ADULT.VACCINES@STATE.NM.US
FAX: 505-827-1064

SHIP TO DELIVERY ADDRESS

Practice name
Street Address
CITY, ZIP

HOURS OF OPERATION

Monday
Tuesday
Wednesday
Thursday
Friday

PIN NUMBER:

*PLEASE REFER TO NM DOH PROTOCOLS FOR USE OF THESE VACCINES.
(INDIVIDUALS 19 YEARS OF AND OLDER, WHO ARE UNINSURED/UNDERINSURED)

Table with 3 columns: DATE REQUESTED, PREPARED BY, PHONE NUMBER

Table with 4 columns: VACCINE, INVENTORY ON HAND, LOTS AND EXPIRATION DATES, QUANTITY REQUESTED. Rows include Hepatitis A, B, A/B, HPV 9, Tdap, Pneumococcal, MMR, Varicella, Zoster.

FOR IMMUNIZATION PROGRAM USE ONLY

FUND TYPE:
VACCINE REQUEST ID NUMBER:
TRANSACTION NUMBER:
DATE APPROVED/ENTERED:
AMOUNT:
Version date 5/2017

Authorized by Adult Immunization Program DATE