



**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](mailto:ADULT.VACCINES@STATE.NM.US)  
FAX: 505-827-1064

**SHIP TO DELIVERY ADDRESS**

Practice name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City, State, ZIP \_\_\_\_\_  
Email: \_\_\_\_\_

**HOURS OF OPERATION**

Monday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_  
Thursday: \_\_\_\_\_  
Friday: \_\_\_\_\_

**PIN:** \_\_\_\_\_

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

DATE REQUESTED	PREPARED BY	PHONE NUMBER

VACCINE	INVENTORY ON HAND	LOTS AND EXPIRATION DATES	QUANTITY REQUESTED
Hepatitis A (Havrix™)			
Hepatitis B (Engerix™)			
Hepatitis A/B (Twinrix™)			
HPV 9 (Gardasil™)			
Tdap (Adacel™)			
PCV13 (Prevnar 13™)			
PPSV23 (Pneumovax™)			
MMR			
Varicella (Varivax™)			
Zoster (Zostavax™)			

**FOR IMMUNIZATION PROGRAM USE ONLY**

FUND TYPE: \_\_\_\_\_  
VACCINE REQUEST ID NUMBER: \_\_\_\_\_  
TRANSACTION NUMBER: \_\_\_\_\_  
DATE APPROVED/ENTERED: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_

\_\_\_\_\_  
*Authorized by Adult Immunization Program*      DATE