

## **Toronto Provider RSV Vaccine Order Form**

Signature

	ccine order to vaccined	-	Ministry Use Only – Order no.:				
		th supply in your vaccine fridge at a lay in processing your vaccine orde					
		information on public health unit location		formation			
Client no.		Customer Requisition no.	D		Date of requisition (yyyy/mm/dd)		
Order placed bast Name	by		First Name				
Telephone No.		Fax No.	Emai	Address			
/accinating Fa	acility						
☐ Long-Term Care Home			☐ Retirement Home				
☐ Indigenous Long Term Care Home (Elder Care Lodge)			☐ Hospital				
☐ Primary Care Office			☐ Obstetrici	an			
☐ Midwife*			Other (specify)				
Ship to Address Unit No. Street No. Street Name						PO Box	
City/Town			Province			Postal Code	
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Note – Questions about recommended immunizations can be directed to Toronto Public Health at <a href="mailto:immunization@toronto.ca">immunization@toronto.ca</a>

First Name

**Customer - Authorized official (please print)** Last Name