



Vaccines for Children (VFC) Program
Vaccine Inventory & Order Form
FOR HIGH RISK VFC
Fax to 302-741-9102

(1) PRACTICE/FACILITY NAME (2) CONTACT PERSON (3) TELEPHONE (4) FAX (5) DATE (6) FACILITY EMAIL (8) PIN

Table with columns for days of the week (MON-FRI) and delivery times (FROM, TO, Closed for lunch). Includes a 'Program Approval' section.

The vaccine listed is for HIGH-RISK VFC eligible patients only (NOT for Medicaid or Medicare patients 19 years and older). Justification is required for the order to be placed.

Main vaccine table with columns: VACCINE, BRAND, NDC, LOT#, EXPIRE, DOSES ON HAND, DOSES REQUESTED. Includes rows for HIBMENCY and PNEUMOCOCCAL.

JUSTIFICATION: [Large empty box for providing justification for the vaccine order]