

# HOSPICE PHARMACIA

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## 2011- 2012 FLU VACCINE ORDER FORM

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### ORDER INFORMATION

*(please complete all fields)*

HOSPICE: \_\_\_\_\_

PRIMARY CONTACT NAME: \_\_\_\_\_

PRIMARY CONTACT PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_

NUMBER OF 10-DOSE VIALS REQUESTED: \_\_\_\_\_

**PLEASE FAX REQUEST TO 866-703-1727 OR E-MAIL  
IMMUNIZATIONS@EXCELLERX.COM**

You will receive a call to confirm your order within three business days.

Call 484-953-1814 with any questions or additional immunization needs,  
such as Hep-B or Tubersol (PPD).

## THANK YOU!

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