## **COVID-19 VACCINE ORDER FORM**

Pharmacy/Physician ordering CO Pharmacy/Physician address:				
Pharmacy/Physician Telephone:				
Date:				
Product	# of Doses Requested	Product F		of Doses ided by RHA
Pfizer-BioNTech COVID-19 Vaccine				
Moderna Spikevax COVID-19 Vaccine				
Moderna Spikevax COVID-19 Bivalent Vaccine				
Pfizer-BioNTech COVID-19 Bivalent Vaccine				
Square Vaccine Depot Telephone: 752-4886 Fax:	Vaccine Depot Telephone: 229-1572 Fax:	Clarenville Vaccine Depot Telephone: 466-5716 Fax:	Marystown Vaccine Depot Telephone 279-7935 Fax: 279-7936	
752-4873	CENTRAL F	IEALTH		
Telephone: 651- Fax: 651-6483	6238			
Telephone: 784- Fax: 637-5160	WESTERN H 5417 ABRADOR- GRE		_TH	
Telephone: 285- Fax: 896-4042				
For RHA Vaccine Depot Cor	•	Order Sent fro	om RHA:	