

COVID-19 VACCINE ORDER FORM

Pharmacy/Physician ordering COVID-19 vaccine: _____

Pharmacy/Physician address: _____

Pharmacy/Physician Telephone: _____

Date: _____

Product	# of Doses Requested	Product Provided by RHA	# of Doses Provided by RHA
Pfizer-BioNTech COVID-19 Vaccine			
Moderna Spikevax COVID-19 Vaccine			
Moderna Spikevax COVID-19 Bivalent Vaccine			
Pfizer-BioNTech COVID-19 Bivalent Vaccine			

EASTERN HEALTH			
Mount Pearl Square Vaccine Depot Telephone: 752-4886 Fax: 752-4873	Holyrood Vaccine Depot Telephone: 229-1572 Fax: 229-1589	Clareville Vaccine Depot Telephone: 466-5716 Fax: 466-5718	Marystown Vaccine Depot Telephone: 279-7935 Fax: 279-7936
CENTRAL HEALTH			
Telephone: 651-6238 Fax: 651-6483			
WESTERN HEALTH			
Telephone: 784-5417 Fax: 637-5160			
LABRADOR- GRENFELL HEALTH			
Telephone: 285-8410/897-3110 Fax: 896-4042			

For RHA Vaccine Depot Completion:

Date Order Received: _____ Date Order Sent from RHA: _____