

COVID-19 VACCINE ORDER FORM

Pharmacy ordering COVID-19 vaccine: _____

Pharmacy address: _____

Pharmacy 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			

EASTERN HEALTH	
Mount Pearl Square Vaccine Depot Telephone: 752-4886 Fax: 752-4873	Holyrood Vaccine Depot Telephone: 229-1572 Fax: 229-1589
CENTRAL HEALTH	
Telephone: 292-8881 Fax: 651-6483	
WESTERN HEALTH	
Telephone: 784-5417 Fax: 637-5160	
LABRADOR- GRENFELL HEALTH	
Telephone: 454-0375 Fax: 454-4978	

For RHA Vaccine Depot Completion:

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