

PUBLIC HEALTH ORDER FORM



To: Grey Bruce Public Health

Fax: 519-376-7782

Phone: 519-376-9420

Email: immunization@publichealthgreybruce.on.ca

Grey Bruce
Public Health

Requesting Health Care Provider: _____

Fax: _____

Phone: _____

GBHU USE ONLY:

*Please allow one week for processing orders.

For delivery please refer to monthly order and delivery schedule.

PUBLICLY FUNDED VACCINE ORDERS *Must attach temperature logs from last order date to current*

VACCINE (Trade Name)	Monthly Requirement	Doses on Hand	Doses Needed
DTaP-IPV-Hib – (Pediace® or Pentacel®)			
IPV – Polio (Imovax® Polio)	0		
Men-C-C – (Menjugate® and NeisVac-C®)			
MMR - (MMR®II or Priorix®)			
MMRV – (ProQuad® or Priorix®-Tetra)			
Pneu-C-15 - (Vaxneuvance 15®)			
Pneu-C-20 - (Prevnar 20™) *Note: For high risk Prevnar 20™ for ≥6 weeks of age and older complete HR order form.			
TB – (Tubersol®)			vial(s)
Rotavirus (Rotarix®)			
Td – (Td Absorbed®)	0		
Tdap – (Adacel® or Boostrix®)			
Tdap-IPV – (Adacel®-Polio or Boostrix®-Polio)			
Var - (Varivax® III or Varilrix®)			
Zoster (Shingrix®) *Note: Only publicly funded for those 65-70 years of age			

****Please use appropriate order form for high risk vaccines****

STI MEDICATION ORDERS		Doses Needed
Treatment for Chlamydia	Azithromycin (1 gram po stat) OR Doxycycline (100mg po bid x 7 days)	
Treatment for Gonorrhea	Ceftriaxone (Rocephin) (500mg IM)	
Treatment for Syphilis	For the treatment of infectious syphilis (primary, secondary and early latent) - Benzathine penicillin G (Bicillin LA) 2.4 million units IM as a single dose For the treatment of late latent syphilis - Benzathine penicillin G (Bicillin LA) 2.4 million units IM weekly over 3 consecutive weeks	(indicate # of doses needed)
CONDOMS (per bags of 100)		