

**Phoenix Pharmacy:**

925 E Covey Lane

Phoenix, AZ 85024

ALF Phone: (623) 815-8965 - ALF Fax: (623) 815-1222

SNF Phone: (623) 587-5425 - SNF Fax: (623) 587-5715

**Tucson Pharmacy:**

10900 N Stallard Place, Suite 120

Oro Valley, AZ 85737

Main Phone: (520) 818-2883

Main Fax: (520) 818-6546

**Vaccine Order Form****THESE ORDERS MAY ONLY BE FILLED BY SALIBA'S EXTENDED CARE PHARMACY**

Facility Name: \_\_\_\_\_ Facility Address: \_\_\_\_\_

Vaccine Requested: (circle one)

**Aplisol (TB) 10 dose****Aplisol (TB) 50 dose****Engerex (Hep B)****Flu 10 dose****Pneumovax****Prevnar 13**

Number of doses needed \_\_\_\_\_ (the number of vials which will be calculated by our staff according to how many doses you require)

Directions for use: \_\_\_\_\_

Will you need syringes to administer the vaccine? (circle one)

**Yes** IM \_\_\_\_\_ SQ Syringe \_\_\_\_\_ **No**

If there a specific syringe your facility prefers, please write on the line below. If your preference is not indicated, our pharmacist will choose a suitable syringe for you.

Refills \_\_\_\_\_

Prescriber's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Prescriber's Name: \_\_\_\_\_ DEA Number \_\_\_\_\_