

**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)

Apisol (TB) 10 dose

Apisol (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: _____