



**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**

**Pevnar 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 \_\_\_\_\_