

VFC PROVIDER SUPPLY LIST

Ship To ATTN: Address:	Requester's Name	Requester's Phone No.
	Date of Request	VFC PIN #
Article and Description	Quantity Ordered	DOH Use Only (Quantity Issued)
Immunization Record, Part B Vaccine Consent Forms (250/pkg.) English Spanish..... Immunization Reminder Postcards (Postage Paid) Bilingual..... Health Passport "Done By One" Immunization Record Cards English..... Spanish..... NM "Done By One" Optimized Immunization Schedule "Done By One" Schedule (4 1/4" x 5 1/2" for wall or fridge) CDC/ACIP Childhood & Adolescent Immunization Schedule "Immunizations Needed" Chart Reminder (2 3/4" x 10")		
FOR DOH USE ONLY		
Order Filled by: _____	Date: _____	

Please **FAX** your order to: (505)827-1741 or (505)827-1064
 If you have questions, please call (505)827-2147