

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 (200/pkg.) English Spanish..... Immunization Reminder Postcards (Postage Paid) Bilingual..... Personal Immunization Record Cards (Yellow) Health Passport "Done By One" Immunization Record Cards English..... Spanish..... "Done By One" Brochure English..... Spanish..... NM "Done By One" Optimized Immunization Schedule "Immunizations Needed" Chart Reminder (2 3/4" x 10") "Vaccine Storage and Handling Toolkit" CD Rom (1 per site) School Immunization Record Consent Forms (100/pkg.) English..... Spanish.....		
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