



(Insert Customer Name If Applicable)

2017-2018 Fluzone® Influenza Vaccine Reservation Request Form

Customer Number _____	Telephone Number _____
Customer Name _____	Fax Number _____
Address _____	Contact Name _____
City/State _____	E-Mail Address _____
Zip Code _____	Medical Director's DEA _____
Medical Director's Name _____	State License and Exp Date _____

NDC Number	Description	VACCINE REQUESTED	
		Price	Doses/Unit QTY
49281-401-65	Fluzone High-Dose, Influenza Vaccine, (Contains No Preservative) 10 Prefilled (0.5.mL) BD Luer-Lok* Syringes/Box - Unit Box of 10	380.52	

All requests are subject to VaxServe's Terms and Conditions of Sale in effect at the time of shipment confirmation, copies of which are available upon request or at www.VaxServe.com. All prebooked requests will be processed with the same attention and care. Due to the uncertain nature of future vaccine supplies, we cannot guarantee that any particular amount of influenza vaccine will be shipped. Due to higher than anticipated demand for Influenza Vaccine, your entire prebook request may not be fulfilled. We will notify you if your prebook request is reduced.

Acceptance of Fluzone vaccine requests is subject to credit review. Returnability is per the Contract Terms and Conditions.

*BD Luer-Lok is a trademark of Becton, Dickinson and Company.

PLEASE FAX COMPLETED FORM TO 1-484-382-9015

Signature _____ **Date** _____ **Print Name** _____