

New Healthcare Provider Application / Change Existing Healthcare Provider

- New Application Change Existing Record
 Other (specify) _____

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|--|---|
| Leeds Grenville & Lanark District Health Unit 458 Laurier Blvd Brockville ON K6V 7A3 Tel: 613-345-5685 x 2422/ Fax: 613-345-7038 | When completed, fax or email this form to: Fax: 613-345-7038 Email: vaccine.orders@healthunit.org |
| <ul style="list-style-type: none"> Use this form if you are a facility or healthcare provider who will need to order vaccines, drugs and other publicly-funded medical supplies. If you are ordering vaccines, a site inspection will be required prior to being eligible to order these products. Complete ALL fields to avoid a delay in processing your application. PLEASE PRINT CLEARLY * Denotes Mandatory Information (must be provided) | |

Requesting Facility/Healthcare Provider Information
***Facility/Healthcare Provider Name**

If group, # of physicians in the practice:

Pick-up Location:
ASSOCIATED DOCTORS:

| | |
|-----|--|
| 1. | |
| 2. | |
| 3. | |
| 4. | |
| 5. | |
| 6. | |
| 7. | |
| 8. | |
| 9. | |
| 10. | |

Type of Facility/Healthcare Provider

- Paediatrician, Solo (individual fridge)
 Paediatrician, Group (shared fridge)
 Family Physician, Solo (individual fridge)
 Family Physician, Group (shared fridge)
 Family Health Team
 Long Term Care Home
 Pharmacies
 Other (specify) _____

Products you will be ordering (check all that apply)

- Vaccines (excluding Influenza)
 Influenza

Contact Person

| | | |
|--|-------------|---------------|
| *Last Name | *First Name | Title |
| *Telephone No. (and extension, if any) | Fax No. | Email Address |

Delivery Address

| | | | | |
|---------------------------|------------|-------------------------------|-----------------|----------------|
| Unit No. | Street No. | *Street Name | PO Box | STN / RPO / RR |
| *City/Town | | | *Province ON | *Postal Code |
| Preferred Delivery Method | | Special Delivery Instructions | | |

Note About Delivery Address for Vaccines

Delivery sites must have a monitored refrigerator for vaccine storage that has been inspected by the health unit. Staff must be available to receive the vaccine order on the scheduled delivery day.

| For PHU Use Only | | | |
|-------------------------|--------------|-----|----------------------|
| *HP Code | Organization | SDL | Replenishment Source |
| Delivery Zone | Comments | | |