



Private Provider

Immunization Literature and Forms Requisition Order Blank
Ohio Department of Health, Immunization Program

For questions call 1-800-282-0546 or 614-466-4643.

You can fax Immunization Literature Requests to: 614/728-4279.

Quantity	Item #	Minimum to Order	Title/Description
	657.11	50 per pack	All kids need hepatitis B from 0 to 18 years
	917.11	50 per pack	Zoo Coloring Book Immunize by Two (English)
	926.11	50 per pack	The Importance of Protecting Your Child
	945.11	50 per pack	Vaccines for Adolescents Brochure
	947.11	50 per pack	Zoo Coloring Book Immunize by Two (Spanish)
	956.11	50 per pack	Pertussis (Whooping Cough) Brochure
	3342	100 per pack	Clinic Immunization Record 8.5 x 11
	3315	100 per pack	Appointment Reminder Slips
	3309	100 per pack	Parent Immunization Record Folder
	3326	100 per pack	Adult Immunization Record Card
	3301	100 per pack	Picture Postcard Appointment Reminder
	3945.11	50 per pack	Ohio's Immunization Registry A Link to Better Health
	3946.11	100 per pack	Pneumococcal Polysaccharide Vaccine Protection
	3947.11	100 per pack	Get Your Flu Shot
	3948.11	50 per pack	Kids Get Flu Too!
	9821.11	50 Per Pack	Chickenpox: It's More Serious Than You Think
	9905.11	50 per pack	A Flu Shot Every Year For Adults

Please order as packaged. Items are free and sent free when in stock.

Fax No.: (_____) _____ - _____ Phone No.: (_____) _____ - _____

E-mail address for correspondence: _____

Send to: (Person's Name) _____

Name of Clinic, Practice, etc.: _____

Street Address: (NO P.O. BOX) _____ Suite _____

City _____ OH Zip Code _____

Immunization Literature Site Number, if known: _____