

Please use one form per patient

Order Date: (YYYY/MM/DD):		Panorama Premise #:	
Pick Up Date (YYYY/MM/DD): ALLOW A MINIMUM of 5 business days to prepare order Vaccine pick up days are Tuesday's and Thursday's		Pick Up Time: <input type="checkbox"/> 8:45 to 9:45 <input type="checkbox"/> 12:00 to 1:00 <input type="checkbox"/> 3:00 to 4:00	
Facility Name:		Health Care Provider:	Suite #
Contact Name:		Telephone number:	
Are temperature logs from the period since your last vaccine order attached? <input type="checkbox"/> Yes <input type="checkbox"/> No > vaccine will not be released			
Information on the client must be collected for clients receiving vaccine that has eligibility requirements.			
Patient's Birthdate (YYYY/MM/DD):		Patient's Gender: <input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> other	
To confirm eligibility for high-risk group vaccine, please check appropriate risk factor:		Eligible Age Group	Dose
4C Men B			
<input type="checkbox"/> Individuals with functional or anatomic asplenia <input type="checkbox"/> Individuals with complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Individuals with acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Individuals with HIV		2 months to 17 years	2 to 4
Meningococcal Conjugate-ACYW			
<input type="checkbox"/> Individuals with functional or anatomic asplenia <input type="checkbox"/> Individuals with complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Individuals with acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Individuals with HIV		9 months to 55 years	2 to 4 + boosters
Meningococcal Conjugate-ACYW			
<input type="checkbox"/> Individuals with functional or anatomic asplenia <input type="checkbox"/> Individuals with complement, properdin, factor D or primary antibody deficiencies <input type="checkbox"/> Cochlear implant recipients (pre/post implant) <input type="checkbox"/> Individuals with acquired complement deficiencies (e.g., receiving eculizumab) <input type="checkbox"/> Individuals with HIV		≥ 56 years	1
Refer to Ontario Ministry of Health Publicly-Funded Immunization Schedule, High Risk Groups: Publicly Funded Immunization Schedules for Ontario June 2022 (ontario.ca)			
Vaccine	Doses / box	# of boxes	Office use / Lot # - expiry
Meningococcal 4 C Men B	1		
Meningococcal Conjugate-ACYW	1		
For Lakelands Public Health use only:			
Temp log received: <input type="checkbox"/> Y <input type="checkbox"/> N Temps in range: <input type="checkbox"/> Y <input type="checkbox"/> N Initial: _____ Viewed by nurse: <input type="checkbox"/> Y <input type="checkbox"/> N Initial: _____			
Order Filled: 20____/____/____ by: _____ Panorama Entry: 20____/____/____			
Panorama Req #:			