

ATTN: Immunization Program
 Kent County Health Department, Central Supply - Lower Level
 700 Fuller NE, Grand Rapids, MI 49503
 Phone: (616) 632-7007 FAX: (616) 632-7299



Date: _____
 Practice Name: _____
 Contact Name: _____
 Direct Phone & Extension: _____ Fax: _____
 Email Address: _____

**Complete order form and fax it to us at 632-7299. You will be contacted when your order is ready.
 Pick up location: Kent County Health Department, 700 Fuller Ave. NE- Central Supply entryway table.**

Please order in quantities of 10- maximum quantity of 500 each

Qty	Type	Supply Description (English only)	Revision Date
	Card	Green Immunization Record Cards (Wallet Size)	08/2010
	Card	White Immunization Record Cards (Signature Card)	01/2011
	Form	Health Appraisal Form	07/2009
	VIS	DTaP	05/17/2007
	VIS	Hepatitis A (Hep A)	07/20/2016
	VIS	Hepatitis B (Hep B)	07/20/2016
	VIS	Hib	04/02/2015
	VIS	Human Papillomavirus - Gardasil (HPV9)	12/02/2016
	VIS	Meningococcal ACWY (MCV4 / MPSV4)	03/31/2016
	VIS	Serogroup B Meningococcal	08/09/2016
	VIS	MMR	02/12/2018
Backordered- New	VIS	MMRV	02/12/2018
	VIS	Mult-Vaccine (DTaP, IPV, Hib, Hep B, PCV-13, Rotavirus)	11/05/2015
	VIS	Pneumococcal Conj (PCV-13)	11/05/2015
	VIS	Pneumococcal Poly (PPSV)	04/24/2015
	VIS	Polio-Inactivated (IPV)	07/20/2016
	VIS	Rabies	10/06/2009
Backordered- New	VIS	Rotavirus (RV1 / RV5)	02/23/2018
	VIS	Tdap	02/24/2015
	VIS	Td	04/11/2017
	VIS	Typhoid	05/29/2012
Backordered- New	VIS	Varicella (chickenpox)	02/12/2018
	VIS	Yellow Fever	03/30/2011
	VIS	Zoster (shingles) ZVL	02/12/2018
	VIS	Recombinant Zoster (Shingrix) RZV	02/12/2018

VIS forms on back order, Influenza and Foreign Language VIS forms can be printed from:

http://www.michigan.gov/mdhhs/0,5885,7-339-73971_4911_4914-138197--,00.html#english