



VIS Sheet Order Form

Please fill out form and fax form to the information below. Thank you.

Date: _____

Practice Name: _____ Contact Name: _____

Contact Direct Phone/Extension: _____ Email Address: _____

Pick up location (circle one) Holland Office Grand Haven Office Hudsonville Office

VIS sheets come in a pack of 250. Minimum/Maximum order is 250 each.

Quantity	Type	Supply Description (English Only)	Revision Date
	Card	Green Immunization Record Card (wallet size)	08/2010
	Card	White Immunization Record Card (signature card)	01/2011
	VIS	DTaP	5/17/2007
	VIS	Hepatitis A (Hep A)	7/20/2016
	VIS	Hepatitis B (Hep B)	7/20/2016
	VIS	HIB	4/2/2015
	VIS	Human Papillomavirus – Gardasil 9	12/2/2016
	VIS	Men B (Serogroup B Meningococcal)	8/9/2016
	VIS	Meningococcal (MCV4 / MPSV4)	3/31/2016
	VIS	MMR	4/20/2012
	VIS	MMRV	5/21/2010
	VIS	Multi-Vaccine (DTaP, IPV, Hib, Hep B, PCV-13, Rotavirus)	11/5/2015
	VIS	Pneumococcal Conj (PCV-13)	11/5/2015
	VIS	Pneumococcal Poly (PPSV)	4/24/2015
	VIS	Polio – Inactive (IPV)	7/20/2016
	VIS	Rabies	10/6/2009
	VIS	Rotavirus (Rv1/RV5)	4/15/2015
	VIS	Tdap	2/24/2015
	VIS	Td	2/24/2015
	VIS	Typhoid	5/29/2012
	VIS	Varicella (chickenpox)	3/13/2008
	VIS	Yellow Fever	3/30/2011
	VIS	Zoster (shingles)	10/6/2009

VIS forms on backorder, Influenza and Foreign Languages can be printed from

www.michigan.gov/vaccines

Fax your order to 616-393-5659: Attention Tonya Barber.

You will be contacted when your order is complete. Call 616-393-5721 with questions.