

Vaccine Order/Purchase Form

Please Tick	Disease(s)	Doses Required	Vaccine Name	Cost
	Diphtheria, Tetanus & Pertussis	1 dose	Boostrix	\$52.00 per dose
	Hepatitis A & B	3 doses	Twinrix	\$109.00 per dose
	Hepatitis A	2 doses	Havarix	\$98.00 per dose
	Hepatitis B	3 doses	H-B Vax II Adult	\$32.00 per dose
	Influenza	1 dose	FluQuadri/Afluria	\$31.00 per dose

Purchaser Details	
First Name:	Last Name:
Address:	Suburb:
Telephone No:	Email:
No doses purchased:	Total Amount: \$

Preferred Immunisation Session (Please circle)		
Moe	AM/PM	Morwell
		AM/PM
		Traralgon
		AM/PM
Proposed date of immunisation:		

OFFICE USE ONLY
Ledger Number: GL/CL.R5603.1411
Date paid:
Receipt number:
Amount: \$

Important Information: This information is collected under the requirements of the Public Health and Wellbeing Act 2008 for immunisation program monitoring by Latrobe City Council and the Department of Health. The data will be kept confidential and identifying information will not be disclosed for any other purpose. It will be treated in compliance with the Department of Health Privacy Principles and the Information Privacy Act. You can access your information by contacting your immunisation provider.