



INTERNAL SUPPLY REQUISITION

Ship to:	Requester's Name	Requester's Phone No.
	Date of Request	VFC PIN #
Article and Description	Quantity Ordered (E or S?)	DOH Use Only (Quantity Issued)
Immunization Record, Part B Vaccine Consent forms (100/pkg.) (Choose English OR Spanish) Immunization Reminder Postcards (Postage Paid) Bilingual..... Personal Immunization Record Cards (Yellow)..... Health Passport "Done by One" Immunization Cards (Choose English OR Spanish)..... Health Passport "Done By One" brochure (Choose English OR Spanish)..... "Done By One" Baby Poster (11"x17")..... "Plain Talk About Childhood Immunizations"-(32 page booklet). Recommended NM Childhood "Done By One" Schedule 2003 Recommended ACIP Childhood Immunization Schedule 2003..... School Immuniz. Record-Consent Forms (100/pkg) (Choose English OR Spanish)..... TB (Adult Immunization) Cards..... Vaccine Information Statements (VIS) (set) (Choose English OR Spanish).....		
FOR DOH USE ONLY		
Order Filled by: _____	Date: _____	

NM DEPARTMENT OF HEALTH
 Vaccines for Children Program
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