



New Healthcare Provider Application / Change Existing Healthcare Provider

- New Application Change Existing Record
 Other (specify) _____

LAMBTON PUBLIC HEALTH
 160 Exmouth Street
 Point Edward, ON N7T 7Z6

When completed, fax or email this form to:

Fax: 519-383-7092

Email: vaccineorders@county-lambton.on.ca

- Use this form if you are a facility or healthcare provider who will need to order vaccines, drugs and other publicly-funded medical supplies. If you are ordering vaccines, a site inspection will be required prior to being eligible to order these products.
- **Complete ALL fields to avoid a delay in processing your application. PLEASE PRINT CLEARLY**
- * Denotes Mandatory Information (must be provided)

Requesting Facility/Healthcare Provider Information

***Facility/Healthcare Provider Name**

If group, # of physicians in the practice:

Pick-up Location:

ASSOCIATED DOCTORS:

1.
2.
3.
4.
5.
6.
7.
8.
9.
10.

Type of Facility/Healthcare Provider

- Paediatrician, Solo (individual fridge)
 Paediatrician, Group (shared fridge)
 Family Physician, Solo (individual fridge)
 Family Physician, Group (shared fridge)
 Family Health Team
 Long Term Care Home
 Pharmacies
 Other (specify) _____

Products you will be ordering (check all that apply)

- Vaccines (excluding Influenza)
 Influenza
 Healthy Environment
 High-Risk
 TB Meds
 STI Meds
 Other (specify) _____

Contact Person

*Last Name	*First Name	Title
*Telephone No. (and extension, if any)	Fax No.	Email Address

Delivery Address

Unit No.	Street No.	*Street Name	PO Box	STN / RPO / RR
*City/Town			*Province ON	*Postal Code
Preferred Delivery Method		Special Delivery Instructions		

Note About Delivery Address for Vaccines

Delivery sites must have a monitored refrigerator for vaccine storage that has been inspected by the health unit. Staff must be available to receive the vaccine order on the scheduled delivery day.

For PHU Use Only

*HP Code	Organization	SDL	Replenishment Source
Delivery Zone	Comments		