



Request for Materials

PROVIDER ID NUMBER:	PROVIDER NAME:	DATE:
CONTACT PERSON:	TELEPHONE NUMBER:	EMAIL ADDRESS:

Item	Quantity	Item	Quantity
Adult Tdap Flyer (NDDoH)		North Dakota Advisory Committee Immunization Schedule	
After the Shots...What to do if your child has discomfort		North Dakota Immunization Schedule for Indian Health Services (IHS)	
Baby 411 (Dr. Ari Brown)		Recommended Childhood Immunization Schedule (CDC)	
Be Wise – Immunize! Activity Books		Screening Questionnaire for Child and Teen Immunizations	
Certificate of Immunization (SFN 16038)		Vaccine Administration Record 2-part (SFN 18385)	
Health Record Folder		Vaccine Administration Record (Family Planning) (SFN 60088)	
If You Choose Not to Vaccinate Your Child, Understand the Risks and Responsibilities (CDC/AAP/AAFP)		Vaccine Adverse Events Reporting Form (VAERS)	
<i>It's My Turn</i> poster (cell phone) 8x11 / 11x17		Vaccine-Preventable Disease: The Forgotten Story Updated Version (Center for Vaccine Awareness and Research, Texas Children's Hospital) <i>limit 10 books per order; limited supply available</i>	
<i>It's Their Turn</i> fact sheet			
<i>It's Their Turn</i> poster (teens) 8x11 / 11x17			
Lifetime Immunization Record (SFN 13895)		VFC Stickers (3/4" round, sheet of 23)	

Fax completed form to:
 NDDoH Immunization Program
 Division of Disease Control
 Fax: 701.328.2499
 Phone: 701.328.3386 or 800.472.2180