

**Texas Department of State Health Services
Biological Order Form**

PIN: _____

CLINIC DAYS AND HOURS MONDAY _____ to _____ AM _____ to _____ PM TUESDAY _____ to _____ AM _____ to _____ PM WEDNESDAY _____ to _____ AM _____ to _____ PM THURSDAY _____ to _____ AM _____ to _____ PM FRIDAY _____ to _____ AM _____ to _____ PM Holidays/closed: _____			Contact Person	
			Phone _____	Fax _____
Clinic Name and Address: _____			_____	
_____			_____	

PROVIDER TIER AND ORDERING SCHEDULE

B1 BI-MONTHLY - JAN MAR MAY JULY SEPT NOV

VACCINE	MAXIMUM STOCK LEVEL		AMOUNT ON HAND "H" from C-33		ORDER AMOUNT
DT		minus		=	
DTaP		minus		=	
DTaP/HepB/IPV (Pediatrix)		minus		=	
Hep A Pedi/Adolescent		minus		=	
Hep B Pedi/Adolescent		minus		=	
Hib		minus		=	
Hib/Hep B (Comvax)		minus		=	
Human Papillomavirus (HPV)		minus		=	
Polio (IPV)		minus		=	
Meningococcal Conjugate (MCV4)		minus		=	
Measles, Mumps, Rubella (MMR)		minus		=	
Pneumococcal Conjugate (PCV7)		minus		=	
Pneumococcal Polysaccharide		minus		=	
Rotavirus		minus		=	
Td		minus		=	
Tdap		minus		=	
		minus		=	
		minus		=	
		minus		=	
		minus		=	
The following vaccines will ship separately. Allow additional time to receive these:					
Varicella		minus		=	
		minus		=	

_____ Date of Order

_____ Approved (Authorized signature)

Justification for order amounts if outside Max: _____

