

# Adult HPV Vaccine Order Form

CLINIC/HOSPITAL NAME: _____	VFC PROVIDER NUMBER: _____
ADDRESS: _____	CITY: _____ SD, _____
EMAIL: _____	PHONE: _____
FAX: _____	CONTACT PERSON: _____

## **PLEASE READ CAREFULLY!!!!**

This is the order form for ordering HPV vaccine for underserved adults. To be eligible the patient must be between 19 and 45 years of age and either have no insurance or have insurance that does not provide coverage for the HPV vaccine.

We will supply the vaccine to providers on a first come first serve basis. There are no limitations on what you can charge for an office visit and administration fee but if at all possible we would request that you would waive the cost if it would be a hardship for the patient.

Please ensure that all administered doses of HPV vaccine are entered into the South Dakota Immunization Information System (SDIIS).

DESCRIPTION OF VACCINE	MINIMUM NUMBER OF DOSES AVAILABLE TO ORDER	NUMBER OF DOSES REQUESTED
HPV Vaccine for Adults	10	

Questions: 605-773-4963 or 605-773-5323

Fax: 605-773-4113

Or mail: South Dakota Dept of Health 615 E 4th St Pierre, SD 57501

