



**New Mexico Vaccines For Children School Sites
NEEDLE AND SYRINGE ORDER FORM
(VFC-approved Sites Only)**

SBHC/School Name*	VFC Pin#*
Address*	Date submitted*
City, State Zip*	Phone #*
Email:	Fax #*
This form completed by*	

*All fields are required to process order

Vanish Point® 3ml Syringe with Needle	# of Boxes Requested
23 gauge x 1 inch #100/box	
25 gauge x 5/8 inch #100/box	

Needles Only	# of Boxes Requested
23 gauge 1 inch, (Safe Glide®) 50 per box*	
23 gauge 1 inch, (Eclipse®) 100 per box*	
25 gauge 5/8 inch, (Safe Glide®) 50 per box	

* Warehouse will fill request with on hand inventory

E-Kit Medications	Quantity Ordered
Diphenhydramine Inj. (vial) 50mg/1ml #1	
Epinephrine Inj. (vial) 1mg/1mg #1	

PLEASE COMPLETE THIS SECTION	
Submitted by (printed name):	Date:
Submitted by (signature):	

PLEASE FOLLOW THESE INSTRUCTIONS
Fax the completed form to 505-424-3438 to the Pharmacy Warehouse or Email to DOH-PharmacyOrders@state.nm.us. for processing
The Pharmacy Warehouse will contact the ordering individual with delivery information.

Public Health Division
Immunization Program
1190 St. Francis Drive PO Box 26110
Santa Fe, New Mexico 87502-6110