



**Maryland Department of Health and Mental Hygiene  
Center for Immunization  
Health Education Materials Order Form**

Name: \_\_\_\_\_  
 Organization: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Order Date \_\_\_\_\_

**To order: fax this form to 410-799-1370 or call 410-799-1940**

*Please print clearly. All orders shipped via UPS ground. Please allow 1 week for delivery.*

<b>Item</b>	<b>Item</b>	<b>Order Limit</b>	<b>Quantity</b>
<b>F100</b>	Immunization Record (Black Book)	—	
F101	Adult Immunization Cards	—	
F102	DHMH Form 896 - Immunization Certificate	—	
F103	Maryland Recommended Childhood & Adolescent Immunization Schedule	3	
F105	Vaccine Administration Record (VIS Dated)	200	

<b>Vaccine Information Statements</b>			
V100	<input type="checkbox"/> English Camera Ready Set	<i>1 camera-ready set</i>	

Additional languages are available at: [www.immunize.org/vis](http://www.immunize.org/vis)