



VACCINE PROGRAM Practice Information Form

Practice NPI: _____

Legal Practice Name: _____

Practice Address: _____
(please list additional locations and addresses on a separate form)

Practice Phone: _____

Fax: _____

Practice email: _____

Practice contact person: _____

Sanofi Pasteur Acct # _____

Merck Acct # _____

Pfizer Acct# _____

GSK Acct # _____

VaxServe / VaccineShoppe.com Acct # _____

Provider Names (please print clearly)

DEA Number

Provider NPI

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Main Vaccine Ordering Provider for this Location

Sign: _____

Date: _____

Print: _____

Position: _____