



INFLUENZA VACCINE PATIENT ED MATERIALS ORDER FORM

Date: _____

PROVIDER INFORMATION

Contact Name: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

SHIPPING ADDRESS (if different from the above, otherwise please leave blank)

Contact Name: _____

Practice Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

ORDER INFORMATION

<i>Item</i>	<i>Qty</i>
DVD (limit 1 per address)	_____
Posters	_____
Patient Ed Brochure - Asthma <i>(bundled in packs of 25)</i>	_____
Patient Ed. Brochure - Diabetes <i>(bundled in packs of 25)</i>	_____

Supplies are limited so please order today.

*The IAFP reserves the right to change the quantities requested vs. sent based on supply.
Please allow approximately 4 weeks for delivery. Mailed USPS.*

Please return to

Illinois Academy of Family Physicians 4756 Main Street, Lisle IL 60532

Fax: 630-559-0739 sortega@iafp.com