PRE-BOOK FORM FOR 2024-2025 FLU VACCINE

In order to ensure your timely delivery of flu vaccines this year, please fill out this request form by May 15, 2024 and send it to: CustomerCare@life-assist.com

If you have any questions, please call our Customer Care Center, Monday to Friday, 7am to 5pm (PST) at: **800-824-6016**

	Contact Info	rmation	Ship to Address			Bill to Address	
Customer #:							
Contact name:							
Contact Phone:							
Contact Email:						PO #:	
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Brand	Code	Description	Size	Ages	Unit Price	Doses Ordered
Afluria (Seqirus)	MDV1	Multidose Vial (10 doses/vial) ^Δ	5 ml	6 mos+	Contact Customer Care	
Afluria (Seqirus)	SYR1	Prefilled Syringes (10 doses/box) ^{†∆}	0.5 ml	6 mos+	Contact Customer Care	
Flucelvax (Seqirus)	MDV2	Multidose Vial (10 doses/vial) ^Δ	5 ml	4 yrs+	Contact Customer Care	
Flucelvax (Seqirus)	SYR2	Prefilled Syringes (10 doses/box) ^{†∆}	0.5 ml	4 yrs+	Contact Customer Care	
Fluzone High-Dose (Sanofi Pasteur)	SYR3	Prefilled Syringes (10 doses/box) †	0.7 ml	65 yrs+	Contact Customer Care	
† Preservative free		Δ Packaging not made with natural rubber latex		∞ Egg free	Ω Contains an adjuvant	called MF59

By submitting this form, you will secure priority for the flu vaccine. You will **not** be billed until the order ships. **These items are non-returnable.**

Print Name Signature** Date

^{**}By signing this form, you agree to all charges associated with this order and agree to remit payment accordingly. All items require refrigeration and freight charges will be applied accordingly per Life-Assist shipping policy. Order adjustments on Pre-Book Forms may be made until May 15, 2024. After this date, your order will be considered final. **These items are non-returnable.**

