



Moving Form

Date Submitted: _____

Facility Name: _____ VFC Pin #: _____

Contact Name: _____

Telephone Number: _____ Fax Number: _____

Days and Times Current Office Is Open: _____

<u>Current Address</u>

<u>New Address</u>

Date of Move: _____ Date to Resume Seeing Patients: _____

New Days and Times Office Is Open (if different from above): _____

INSTRUCTIONS TO PROVIDERS:

Please complete all the requested information above, and FAX to the VFC Program at (215) 238- 6948. We will then contact you to arrange a date and time for vaccine pick-up.

Attached you will find the vaccine inventory sheet, which must also be completed and faxed in approximately two days before your scheduled pick-up date.

Prior to vaccines being returned to the new location you will be required to submit temperature logs demonstrating that your storage unit is consistently keeping in-range temperatures. You will receive further instruction regarding temperature log requirements when we schedule the vaccine pick-up.

[Please keep a copy for your records]

INTERNAL USE ONLY

Date Contacted: _____ Who Contacted: _____ Date Pick-up Scheduled: _____

Notes: