



# FLU VACCINE SHIPPING NOW

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**LOWEST PRICE**
**We won't be beat!**
**GUARANTEE**  
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Description		Age Indication	Doses Per U/M	Estimated # of Boxes or Vials
<b>Fluvirin Influenza Vaccine by Novartis</b> 5ml 10-dose Vial		4 years +	10 per Vial	
<b>Flulaval Influenza Vaccine by GSK</b> 5ml 10-dose Vial		3 years +	10 per Vial	
<b>Afluria Influenza Vaccine by Merck</b> 5ml 10-dose Vial		9 years +	10 per Vial	
<b>Fluvirin Influenza Vaccine by Novartis</b> Prefilled syringes w/o needles	Thimerosal, Mercury & Latex Free	4 years +	10 per Pack	
<b>Fluarix Influenza Vaccine by GSK</b> Prefilled syringes w/o needles	Thimerosal, Mercury & Latex Free	3 years +	10 per Pack	
<b>Fluzone Influenza Vaccine by Sanofi</b> 5ml 10-dose <i>vial</i>	Latex Free	6 months +	10 per Vial	
<b>Fluzone Influenza Vaccine by Sanofi</b> 10 Single-dose <i>vials</i>	Thimerosal, Mercury & Latex Free	36 months +	10 per Pack	
<b>Fluzone Influenza Vaccine by Sanofi</b> 0.5ml, prefilled <i>syringes</i> w/o needles	Thimerosal, Mercury & Latex Free	36 months +	10 per Pack	
<b>Fluzone Influenza Vaccine by Sanofi</b> 0.25ml <i>Pediatric</i> prefilled <i>syringes</i> w/o needles	Thimerosal, Mercury & Latex Free	6 - 35 months	10 per Pack	
<b>Fluzone Influenza Vaccine by Sanofi</b> High-dose prefilled <i>syringes</i> w/o needles	Thimerosal, Mercury & Latex Free	65 years +	10 per Pack	
<b>Fluzone Influenza Vaccine by Sanofi</b> Intradermal 0.1ml, prefilled <i>syringes w/ needles</i>	Thimerosal, Mercury & Latex Free	18 - 64 years	10 per Pack	
<b>Flumist Influenza Vaccine by Medimunne</b> Single use, prefilled <i>sprayers</i>	Thimerosal, Mercury & Latex Free	2 - 49 years	10 per Pack	

*Limited Supply. We ship on a first come, first served basis, until our stock runs out. Your facility won't be billed until the vaccine is shipped. Standard shipping charges will apply. We cannot accept returns on 2014-2015 flu vaccines.*

Date: \_\_\_\_\_ Physician Name: \_\_\_\_\_ State License: \_\_\_\_\_ DEA Cert: \_\_\_\_\_

Clinic Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Type of Credit Card:  Visa  MC  Amex Card Number: \_\_\_\_\_ CW: \_\_\_\_\_ - \_\_\_\_\_ Expiration: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Please fax us a copy of your State & DEA License for fax or online orders.

If you wish to be removed from this list, please call 866-473-2576 or fax to 864-862-0692. Thank You.