



Charlie Crist
Governor

Ana M. Viamonte Ros, M.D., M.P.H.
State Surgeon General

H1N1 Provider Contact Sheet Orange County Health Department

Please fax or email the following information to indicate your interest in providing the H1N1 vaccine to your patients in the target groups established by the CDC.

FAX: Carole Pate at 407-858-5567 or email as attachment to Carole_Pate@doh.state.fl.us.

Provider/Organization Name:		
Contact:		
Address:		
Phone:		Email Address:
	YES	NO
I am interested in becoming a provider for H1N1 vaccine from the health department's federal allocation.		
I am currently enrolled as a provider in Florida SHOTS.		
I am interested in enrolling as a provider in Florida SHOTS.		
The estimated number of patients in my practice is:		
The estimated number of my patients in the 5 CDC priority groups for potential vaccine distribution is: _____ (Total)		
# of pregnant women _____		
# of patients who live with or provide care for infants aged < 6 months _____		
# of healthcare and emergency medical services personnel (staff) _____		
# of patients aged 6 months – 24 years _____		
# of patients aged 25 – 64 years with chronic medical conditions _____		

6101 Lake Ellenor Drive
Orlando, FL 32809



(407) 858-1400 • Fax (407) 858-5519
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