



County of Santa Cruz

HEALTH SERVICES AGENCY

POST OFFICE BOX 962, 1060 EMELINE AVENUE SANTA CRUZ, CA 95061-0962

PHONE: (831) 454-4000 FAX: (831) 454-4488 TDD: (831) 454-4123

Public Health Department

INFLUENZA A H1N1/2009 ANTIVIRAL ORDER FORM **FOR HOSPITALS, CLINICS & PRIVATE MEDICAL OFFICES**

Order Date: _____

Please indicate, in the spaces below, the number of courses you wish to order.

1. Oseltamivir (brand name Tamiflu®) 75 mg Capsules. 1 box =10 doses: _____ (# of boxes)
2. Oseltamivir (brand name Tamiflu®) 45 mg Capsules. 1 box =10 doses: _____ (# of boxes)
3. Oseltamivir (brand name Tamiflu®) 30 mg Capsules. 1 box =10 doses: _____ (# of boxes)
4. Oseltamivir (brand name Tamiflu®) 12 mg Suspension. 1 bottle =300mg: _____ (# of bottles)
(children <33lbs. = 1 bottle, 33 and 88 lbs. = 2 bottles; and >88 lbs = 3 bottles)
5. Zanamivir (brand name Relenza®) 5 mg Inhalation. 1 diskhaler = 10 doses _____ (# of diskhalers)

Hospital, Clinic or Private Medical Office Name: _____

Address: _____

Requestor: _____

PHONE: () _____ - _____

E-mail Address: _____

FAX: () _____ - _____

Fax this completed order form to the Santa Cruz County Public Health Department at (831) 454 - 5068. Public Health Department staff will call providers to arrange for pick-up of antivirals.

I, on behalf of my medical providers, agree to provide influenza antivirals to patients in strict compliance with the directives of the Santa Cruz County Health Officer. I understand that patients or their insurers must not be billed for medications dispensed from the Santa Cruz County stockpile.

Medical Director's Signature

Prescriber Number

Medical Director's Name

() _____ - _____
Contact Number

A violation or failure to comply with this legal order is a misdemeanor; California Health Safety Code, Section 120280.