

Request Form | Oseltamivir (Tamiflu) Capsules

Name of Facility/Site

Address

Parish

Type of Facility

TAMIFLU DOSAGE

Quantity (10 capsules/bottle)

Additional Information:

Patient Burden Count:

Provide allocation model that will be used to address patient burden:

List the vendor(s) that were contacted and unable to fulfill your request:

Site Contact Name

Telephone

Email Address

Delivery Address

Approved

Denied

DATE: