

DELAWARE IMMUNIZATION PROGRAM Practice Registration / DelVAX Facility Code Request Form

THIS REQUEST IS ONLY FOR THOSE FACILITIES WHO ADMINISTER IMMUNIZATIONS AND WOULD LIKE TO REPORT THOSE IMMUNIZATIONS VIA HL7 MESSAGING TO THE DELAWARE IMMUNIZATION PROGRAM

Please Print

Please Print

<input type="checkbox"/> Registering Practice for Immunization reporting	<input type="checkbox"/> Requesting a Facility Code for Electronic Reporting
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Are you owned by a large health organization (i.e. Bayhealth, Christiana Care, Nemours, etc) Yes No

Organization Name:

Participate in the Vaccines for Children Program (VFC) Yes VFC PIN _____ No

GROUP/PRACTICE INFORMATION

Group/Practice Name:

Address:

Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Contact Name/Phone	IT Contact Name/Phone
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EMR Product Name	EMR Contact Name/Number
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OFFICE INFORMATION (IF DIFFERENT THAN GROUP INFORMATION)

Facility Name:

Facility Address:

Phone:	E-mail:	Fax:
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City:	State:	ZIP Code:
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Contact Name/Phone

IMMUNIZATION ORDERING PROVIDER (ONLY PHYSICIAN, NP, PA, CNM ETC. WHO ORDER PATIENT IMMUNIZATIONS) (Use Addition Pages if Necessary)

Name:

NPI:	<input type="checkbox"/> Physician <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNM Other _____
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Name:

NPI:	<input type="checkbox"/> Physician <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNM Other _____
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Name:

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Name:

NPI:	<input type="checkbox"/> Physician <input type="checkbox"/> NP <input type="checkbox"/> PA <input type="checkbox"/> CNM Other _____
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**Fax completed form to the Immunization Program 302 744-5363
For questions call 800-282-8672**

IMMUNIZATION ADMINISTERING PROVIDER (PHYSICIAN, NP, PA, RN, LPN MA ETC. WHO ADMINISTER PATIENT IMMUNIZATONS)

(Use Addition Pages if Necessary)

Name:

NPI (If available):

 Physician NP PA RN LPN PA MA
 Other _____

Name:

NPI (If available):

 Physician NP PA RN LPN PA MA
 Other _____

Name:

NPI (If available):

 Physician NP PA RN LPN PA MA
 Other _____

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 Other _____

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NPI (If available):

 Physician NP PA RN LPN PA MA
 Other _____

Name:

NPI (If available):

 Physician NP PA RN LPN PA MA
 Other _____
DO NOT WRITE BELOW – OFFICIAL USE ONLY

DelVAX Facility Code:

DelVAX Provider Number

DelVAX Clinic Code