

Direct Order Request

for Medical Delegation of Vaccine Administration



1 Pharmacy Information

Pharmacy Name:

Address:

Phone:

Fax:

2 Prescriber Information

Prescriber Name:

Address:

Phone:

Fax:

3 Patient Information

Patient:

Address:

Phone:

OHIP Number:

4 Delegated Procedure Requested

Pharmacist Name:

OCP Number:

I am requesting authorization of a direct order to administer the following vaccine to the above patient.

Vaccine Name

5 Indication

Ontario Regulation 202/94 of the Pharmacy Act, 1991, S.O. 1991, c. 36 provides authority to Ontario pharmacists to administer vaccines for 13 preventable diseases (identified in Schedule 3) as well as vaccines included as part of the Universal Influenza Immunization Program. Since the vaccine identified above is not included in Schedule 3, I am requesting your authorization to administer this specific vaccine solely for our mutual patient identified above and have received consent from the patient to do so.

6 Supporting Documentation

Pharmacist's Name: _____ is a registered pharmacist with the Ontario College of Pharmacists (OCP), can provide patient care, and is trained to administer injections. In accordance with the OCP requirements, this includes the successful completion of a competency-mapped, accredited and approved course by the Canadian Council of Continuing Education in Pharmacy (CCCEP), maintenance of valid certification in CPR and First Aid (Level C), and personal professional liability insurance coverage. All vaccines will be administered in accordance with established guidelines and standards for patient assessment and monitoring and meet all requirements for proper vaccine storage and handling.

Supporting Attachments:

- ☐ Patient Medication Record (if applicable)
- ☐ Patient Screening Questionnaire and Consent Form
- ☐ Other _____

7 Authorization

Prescriber Signature:

License Number:

Date: