

FAX REQUEST ENQUIRY TO CONDUCT FLU CLINIC

Fax To:	
Name	Influenza Clinic Co-ordinator – Ozcare
Fax No.	07 3620 4344
Number of Pages <i>(including this Page)</i>	

Complete the following sections and fax to the number above.

Fax From:	
Contact Name	
Organisation	
Fax No.	
Telephone No.	
Date	
Email	

<i>Please provide the following information regarding the size and location of your proposed Clinic</i>		
Information Request or Query Details		
Possible Clinic/s Address		
Approximate Numbers		
Contact Details	Name	
	Position	
	Contact Details	

A Nurse Immuniser in your local area will contact you as soon as possible to answer your questions and arrange a Flu Clinic