

PRE-BOOK FORM FOR 2025-2026 FLU VACCINE

In order to ensure your timely delivery of flu vaccines this year, please fill out this request form by **May 30, 2025** and send it to: **CustomerCare@life-assist.com**

If you have any questions, please call our Customer Care Center, Monday to Friday, 6:30am to 5pm (PST) at: 800-824-6016

	Contact Information	Ship to Address	Bill to Address
Customer #:			
Contact name:			
Contact Phone:			

Brand	Code	Description	Size	Ages	Unit Price	Doses Ordered
Afluria (Seqirus)	MDV1	Multidose Vial (10 doses/vial) ^Δ	5 ml	6 mos+	Contact Customer Care	
Afluria (Seqirus)	SYR1	Prefilled Syringes (10 doses/box) ^{†Δ}	0.5 ml	6 mos+	Contact Customer Care	

† Preservative free	Δ Packaging not made with natural rubber latex	∞ Egg free	Ω Contains an adjuvant called
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By submitting this form, you will secure priority for the flu vaccine. You will **not** be billed until the order ships. **These items are non-returnable.**

Print Name _____ Signature** _____ Date _____

By signing this form, you agree to all charges associated with this order and agree to remit payment accordingly. All items require refrigeration and freight charges will be applied accordingly per Life-Assist shipping policy. Order adjustments on Pre-Book Forms may be made until **May 30, 2025. After this date, your order will be considered final. **These items are non-returnable.**

