PAXLOVID ORDER FORM

Materials Distribution Agency
7-1715 St. James Street, Winnipeg, MB R3H 1H3
Ph 204-948-1333 • 204-948-1340
Fax 204-942-6212
Email vacmda@gov.mb.ca

ORDER DATE:		HOLDING POINT NUMBER:
LOCATION:		
SHIP TO ADDRESS:		
CITY:		POSTAL CODE:
CONTACT NAME:	PHONE:	EMAIL:

SAP #	PRODUCT DESCRIPTION	QTY OF BOXES
2022020	PAXLOVID, PFIZER, LOW DOSE, 1 TREATMENT COURSE/BX, DIN#02527804	

SAVE PRINT CLEAR

Save form in PDF format and email to the following:

To: vacmda@gov.mb.ca

CC: Kathleen.Pahkala@gov.mb.ca

APRIL 2024