



Collaborative Practice Agreement: Immunizations

Make your pharmacy a health and wellness destination for your community!

Complete this form to participate in Pharmacy Services Inc.'s Collaborative Practice Agreement (CPA) for immunizations. The CPA covers the following immunizations:

- Hepatitis A
- Hepatitis B
- Human Papillomavirus
- Influenza
- Measles, Mumps, Rubella
- Meningococcal
- Pneumococcal
- Tetanus and diphtheria/Tetanus, diphtheria and pertussis
- Herpes zoster

Pricing: MPA and PMP Members - \$250 MPA or PMP Member - \$300 General - \$649

ORDER FORM

First Name: _____ Last Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone Number: _____ Email Address: _____

PHARMACY CONTACT INFORMATION

Pharmacist-in-Charge: _____ Phone Number: _____
 Pharmacy Name: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Email Address: _____ *(required for update information)*

PAYMENT INFORMATION

Payment Via: Check **Mail completed form and check to:** Pharmacy Services Inc., 408 Kalamazoo Plaza, Lansing, MI 48933
Payment Via: Credit Card **Fax completed form to:** (517) 484-4893 Visa MasterCard
 Card Number: _____ Expiration: _____ Total: _____
 Security Code: _____ Cardholder Name: _____
 Cardholder Signature: _____ Order Date: _____

