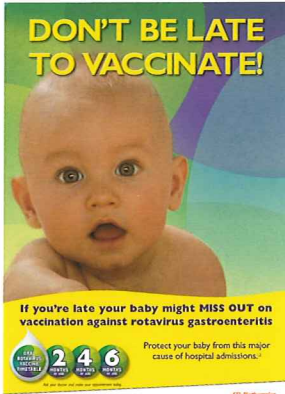


RotaTeq[®] Patient Resource Order Form

RotaTeq[®]
(Rotavirus Vaccine, Live, Oral, Pentavalent)



Poster – waiting room / clinic

DC Code: 3088

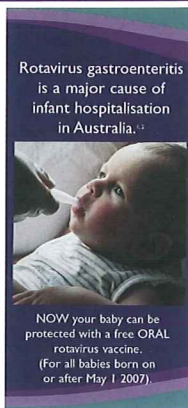
Qty



Fridge Magnet – dosing reminder card for patients

DC Code: 3089

Qty



RotaTeq[®] Patient information leaflet

DC Code: 1854

Qty

FAX TO
CSL BIOTHERAPIES:
(03) 9389 1727

Please send RotaTeq[®] patient materials to:

Contact name: _____

Clinic / Surgery name: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____