



COUNTY OF POLK
Health Department

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Antiviral Order Form

***Please be sure to complete all fields before faxing to 286-2033, ATTN: Neil Graber

Provider/Clinic Contact information

Clinic Name: _____

Prescribing Provider(s): _____

Contact Person: _____

E-mail address: _____

Phone #: _____

Fax #: _____

Mailing address: _____

Vouchers Requesting: _____

Polk County Health Department Use Only

Number of vouchers sent: _____

Voucher Numbers: _____

Date Vouchers Sent: _____

PCHD Staff signature: _____