

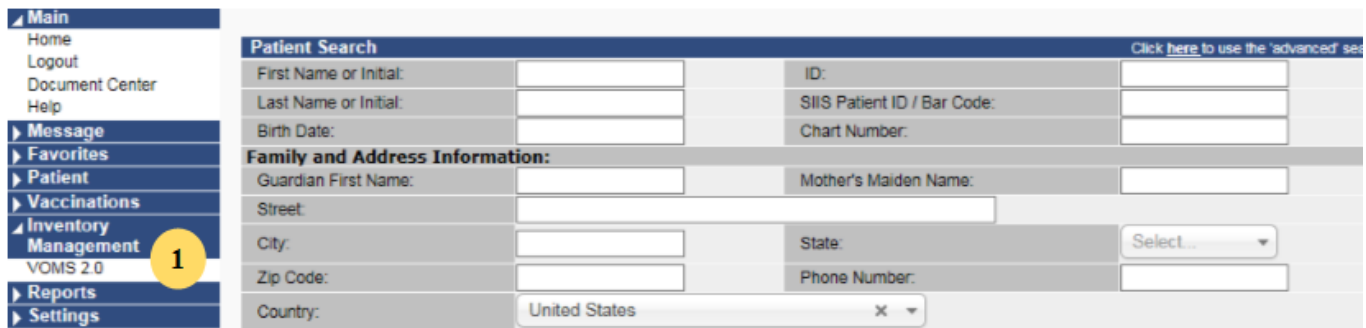
Create New Vaccine Order Quick Reference Guide



Note: Vaccines for Children (VFC) providers should order VFC vaccine no more than once per month, preferably once every three months. Orders must be placed between the 1st and 15th of each month. VFC providers should strive to have a three-month supply on hand, including the current order.

Steps to Follow:

1. Select VOMS 2.0, under the Inventory Management panel.



Inventory Management 1

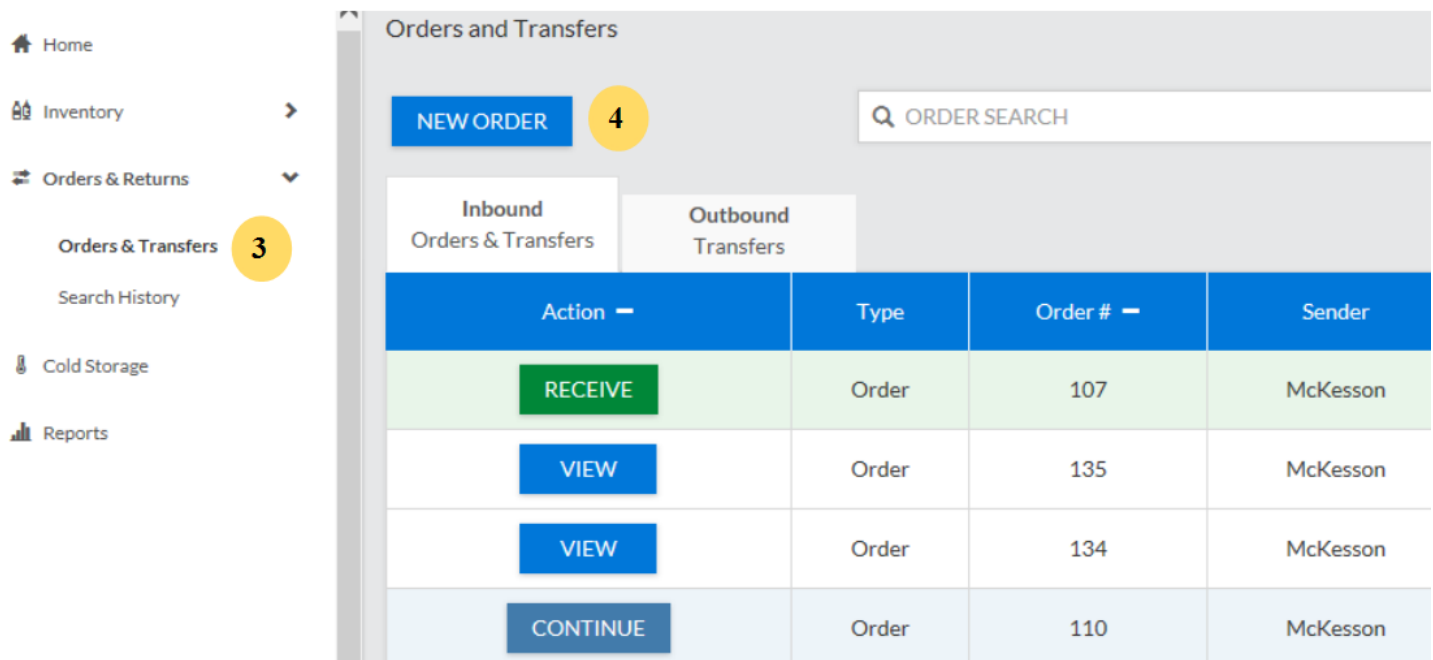
Patient Search [Click here to use the 'advanced' search](#)

First Name or Initial: ID:
 Last Name or Initial: SIIS Patient ID / Bar Code:
 Birth Date: Chart Number:

Family and Address Information:

Guardian First Name: Mother's Maiden Name:
 Street:
 City: State:
 Zip Code: Phone Number:
 Country:

2. VOMS 2.0 application opens.
3. Select Orders & Transfers, located under the Orders & Returns panel.
4. Select New Order.
 - a. If a clinic has not reconciled during that month and is placing an order, the system will require inventory reconciliation before ordering. Refer to the Reconcile Inventory Quick Reference Guides for more information.



Orders and Transfers

NEW ORDER 4

Inbound Orders & Transfers **Outbound Transfers**

Action	Type	Order #	Sender
RECEIVE	Order	107	McKesson
VIEW	Order	135	McKesson
VIEW	Order	134	McKesson
CONTINUE	Order	110	McKesson

Orders & Returns 3

5. Enter doses requested for each vaccine. The doses requested must be divisible by package size.
6. Ignore Priority Reason.
7. Ignore Comments Box.
8. Select Next.

VFC ORDER FORM

Vaccine	Funding Source	Doses On Hand	Doses Administered	Doses Requested
DTaP/DT/Td				
Dtap, 5 Pertussis Antigens Daptacel 10 pack - VIALS NDC: 49281-0286-10	VFC	0	0	<input type="text" value="0"/>
Dtap Infanrix 10 pack - SYRINGES NDC: 58160-0810-52	VFC	0	0	<input type="text" value="20"/>
Td Preservative Free Tenivac 10 pack - VIALS NDC: 49281-0215-10	VFC	0	0	<input type="text" value="20"/>

6 Priority Reason

Order is Urgent

Select Priority Reason ▼

7 Comments

REMINDER: Please enter your min/max temperatures here.

Type Order Comments, Temperature Information, etc.

8

PREVIOUS CANCEL SAVE NEXT

9. Review and verify all information.
 - a. If any edits or changes need to be made to the Shipping Address information, Delivery Hours or Delivery Instructions contact the Montana Immunization Program.
10. Select Submit Order. **Due to an emerging issue, the Montana Immunization Program does not recommend saving and submitting later.**

PREVIOUS CANCEL SAVE **10** SUBMIT ORDER