

Troy Infusion Center
600 W Main Street
Suite 120
Troy, OH 45373
Phone: 937-401-6620
Fax: 937-401-6629



Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
Fax: 937-401-6629

Meningococcal Vaccine Order Form

Patient Name: _____ DOB: _____

Address: _____

Phone: _____ ICD-10 Diagnosis: _____

Rx:

MenQuadfi® (meningococcal A,C,Y,W) 0.5 mL intramuscularly x 1

Immunocompromised vaccine schedule: 2 doses \geq 2 months apart, booster dose every 5 years if risk remains.

Bexsero® (meningococcal group B) 0.5 mL intramuscularly x 1

Immunocompromised vaccine schedule: 2 doses \geq 1 month apart, booster dose 1 year after primary series, revaccinate (1 dose) every 2-3 years if risk remains.

Prescriber Printed Name: _____

Prescriber Full Address: _____

Office Phone Number: _____ Office Fax Number: _____

Prescriber Signature: _____ Date: _____