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Troy, OH 45373
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Washington Township Infusion Center
1989 Miamisburg-Centerville Road
Suite 101
Dayton, OH, 45459
Phone: 937-401-6620
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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.

*****Please select product below that the patient received for the initial dose*****

- 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.

OR

- Trumenba® (meningococcal group B) 0.5 mL intramuscularly x 1**

Immunocompromised vaccine schedule: 3 doses at 0, 1-2 months, and 6 months. 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: _____