

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

**Rabavert® (Rabies Vaccine) Order Form**  
Epic Referral: REF129

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **ICD-10 Diagnosis:** \_\_\_\_\_

**Post-exposure Vaccination:**

Immunocompetent:

Give Rabavert (rabies vaccine) 1 mL intramuscularly on days 0, 3, 7, and 14 to complete vaccination series. (If they received day 0 already elsewhere, start on day 3)

Immunocompromised:

Give Rabavert (rabies vaccine) 1 mL intramuscularly on days 0, 3, 7, 14, and 28 to complete vaccination series. (If they received day 0 already elsewhere, start on day 3)

**Pre-exposure Vaccination:**

Give Rabavert (rabies vaccine) 1 mL intramuscularly on days 0, 7, and 21 (or 28) to complete vaccination series.

Give Rabavert (rabies vaccine) 1 mL intramuscularly x 1 dose as booster for an individual with continuous or frequent risk of infection (Requires antibody titers indicating immunity is not strong enough).

**Rabies immune globulin:**

\*\* This should be given in the Emergency Department upon initial evaluation/as soon as possible after exposure. If for some reason it was NOT given, may be given within 7 days of exposure. \*\*

Check this box if immune globulin was not given upon initial evaluation:

Give HyperRAB (rabies immune globulin) 20 units/kg infiltrated around the wound x 1 treatment. If wound is not present or if infiltration of entire dose is not feasible, give remaining volume or entire dose IM at a site away from vaccine administration.

**Prescriber Printed Name:** \_\_\_\_\_

**Prescriber Full Address:** \_\_\_\_\_

**Office Phone Number:** \_\_\_\_\_ **Office Fax Number:** \_\_\_\_\_

**Prescriber Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_