

Dr. Elaine Ma  
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Kingston, ON K7L 2W7  
Ph: 613-384-7640 Fax: 613-634-8595

Mar 1, 2024

Dear Pharmacist

Patient Name:

Patient Date of Birth:

Please accept this letter as a prescription for the following vaccine:

- Meningitis B vaccine (Bexsero) 0.5mL one 3 doses at 0, 2 and 24 months. M: 1, R: 2  
To be given by pharmacist or at MD office. (for ages 12-23 months)

**Pharmacist, please ensure you sent proof of the vaccination given to my office.**  
Fax 613-634-8595 or via PrescribeIT.

Thank you.

A handwritten signature in black ink, appearing to read 'Elaine Ma', written in a cursive style.

Dr. Elaine Ma, MD, CCFP