

Dr. Elaine Ma
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Mar 1, 2024

Attention 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 2 doses at 0 and 1 month. M: 1, R: 1
To be given by pharmacist or at MD office. (for ages 2-25)

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

Thank you.



Dr. Elaine Ma, MD, CCFP