

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

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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 in the 2nd year of life
>= 6 months from the last dose. M: 1, R: 2

To be given by pharmacist or at MD office. (for ages 2-5 months)

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

Thank you.



Dr. Elaine Ma, MD, CCFP