

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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 times 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 times 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

\_\_\_\_\_  
Time

*Questions? Call (419) 591-3858. Please fax completed form to (419) 592-4004.*



**RABAVERT (RABIES VACCINE) ORDER FORM**

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*Paper copies of this document may not be current and should not be relied on for official purposes. The current version is in Lucidoc.*

**TRIAL**

*This document is currently being trialed.*