

Prescription Authorization Request

Attn Physician:

Phone:

Address:

Fax:

Patient Name:

DOB:

Sex:

Address:

Travel Destination:

We are a Yellow Fever Certified Travel Clinic by the State Department of Health and recognized by the Centers for Disease Control Prevention. The patient identified above is requesting prescriptions for the following vaccines and medications for their travel for the dates above. Please complete this form and fax it back as soon as possible so that we can ensure the earliest delivery of services.

- **Yellow Fever (YF-Vax): 1 injection**
 - Inject 0.5 mL SQ one time
 - QTY: #1
- **Typhoid Capsules (Vivotif Berna Vaccine)**
 - Take 1 capsule by mouth every other day; 1 hour before a meal
 - QTY: #4 capsules
- **Typhoid Injection (Typhim-Vi, inactivated)**
 - Inject 0.5 mL intramuscularly
 - QTY: #1
- **Hepatitis A/B (Twinrix)**
 - Inject 1 mL IM at months 0, 1, and 6
 - QTY: #3
- **Hepatitis B (Engerix-B Vaccine)**
 - Inject 1 mL IM at months 0, 1, and 6
 - QTY: #3
- **Hepatitis A (Havrix Vaccine)**
 - Inject 1 mL IM at months 0 and repeat one time between months 6-12
 - QTY: #2
- **Meningitis (Menomune Vaccine)**
 - Inject 0.5 mL SQ one time
 - QTY: #1
- **Tetanus/diphtheria (Boostrix/Tdap)**
 - Inject 0.5 mL IM one time
 - QTY: #1
- **Herpes Zoster (Zostavax)**
 - Inject 0.65 mL SQ one time
 - Qty: #1
- **Pneumococcal (Pneumovax 23)**
 - Inject 0.5 mL IM or SQ one time
 - Qty: #1
- **Pneumococcal (Prevnar 13)**
 - Inject 0.5 mL IM one time
 - Qty: #1
- **Influenza**

- Inject 0.5 mL IM one time
- Qty: #1
- **Malarone** (generic) for malaria prophylaxis
 - Take 1 tablet by mouth daily
 - Start 2 days before departure, continue once daily until 7 days after return
 - QTY: QS
- **Doxycycline 100mg** for malaria prophylaxis
 - Take 1 tablet by mouth daily
 - Start 2 days before departure, continue once daily until 28 days after return
 - QTY: QS
- **Mefloquine**
 - Take 1 tablet once weekly on the same day of each week
 - Begin 2 weeks from date of departure and continue weekly until 4 weeks after return
 - QTY: QS
- **Cipro 500 mg po BID for 3 days for severe diarrhea**
 - Patient requested to take along for their upcoming trip for treatment of traveler's diarrhea
 - QTY: 6
- **Z-pak 250mg** – take as directed
 - Patient requested to take along for their upcoming trip for potential respiratory infection
 - QTY: 3 packs
- **Hydrocortisone cream 2.5%** - apply to affected area 2-4 times daily prn
 - Patient requested to take along for their upcoming trip for insect bite treatment
 - QTY: 1 tube
- **Diamox 125 mg (acetazolamide)** for altitude sickness/HACE prevention
 - Take 1 tablet by mouth every 12 hours.
 - Begin 24 to 48 hours before ascent. Discontinue 48 hours after peak arrival or symptoms resolved.
 - QTY: #QS

_____ I authorize these prescriptions

_____ I do not authorize these prescriptions

_____ Have the patient contact my office

Authorized By

Date

Please fax authorization to: [...]

Questions? Call [...], *Travel Health Pharmacist* at [...]