

Travel Vaccine Order Form

Now that you have decided which vaccinations you would like to receive, please complete this form and return it to Reception. One of our Reception staff will take your payment (we do not accept American Express), and the vaccines will be ordered on your behalf. As soon as they arrive from our supplier, we will contact you to schedule your first appointment with the nurse to start your course of injections. Please note that we will only be able to order vaccines once full payment has been made.

NB. PLEASE COMPLETE AND RETURN A SEPARATE ORDER FORM FOR EACH INDIVIDUAL TRAVELLER WHO REQUIRES VACCINATIONS.

Personal Details

Name: _____ Date of Birth: _____
 Telephone No: _____

Vaccine	Price per Dose	No. of Doses Required	Total Price
Example: Rabies	£65	3	£195
Hepatitis B – Adult	£30		£
Hepatitis B – Child	£30		£
Japanese Encephalitis	£90		£
Meningitis ACWY	£60		£
Rabies	£65		£
Tick-Borne Encephalitis - Adult	£65		£
Tick-Borne Encephalitis - Child	£65		£
Grand Total			£

I authorise the Practice to purchase the above vaccine(s) on my behalf, and I understand that, as licensed medicines, they cannot be returned to the supplier for re-use once dispatched. I understand that it is not possible for The Practice to offer any form of monetary refund in the event that I am unwilling, or unable, to have the vaccines administered to me once dispatched from the supplier.

Signature of Patient/Parent/Guardian: _____

Print Name: _____

Date: _____