

# Monash Immunisation Services

293 Springvale Road (PO Box 1)  
GLEN WAVERLEY 3150  
Telephone 95183539 or 95183540 Fax.95183444



## REQUEST AND CONSENT FOR ADULT HEPATITIS B IMMUNISATION

Family Name: ..... Given Name: .....

Address: ..... Postcode: .....

Telephone Number: ..... Date of Birth: .....

I have read the attached information on Hepatitis B immunisation.

I request that I receive a **(full course/ single dose)\*** of Hepatitis B vaccine.

**\*Strike out whichever is not applicable.** Please note that a full course comprises 3 single injections with the second injection one month after the first, and the third 5 months after the second. Maximum protection will only be achieved by completing a full course.

Signature: .....

### Fees payable for Hepatitis B Immunisation

**A full course of vaccine.**

***\$45.00***

**A single dose of vaccine only.**

***\$15.00***

**Amount to be paid:**

**\$**.....

Attachment:

Office Use Only
Account No.1.60.610.5125.000.3206
Date Paid:
Receipt No:
ImPS No:

**PLEASE BRING YOUR RECEIPT TO THE IMMUNISATION SESSION**