

GIS Vaccination Clinic Order Form

NAME _____ GRADE _____ DATE OF BIRTH _____
 (last; first) (if student) (mm/dd/yy)

Contact details; Telephone or Email: _____

Please check the Vaccination to be administered: Vaccination Clinic Date _____

Marks X	Vaccines	Trade Name	Age to be administered	Price /Baht
	Flu-shot		Flu 4 stains 0.5ml	700
	-Hepatitis A (0, 6 m dosage schedule)	Havrix	< 18 year: Havrix 720 >18 year: Havrix 1440	1,200/dose 2,400/dose
	-Hepatitis A Live attenuated	MEVAC-A	Over age 18 months	2,000
	Hepatitis B (0, 1, 6m. dosage schedule)	Engerix	0.5ml < 18 year:Engerix-B Ped 1 ml >18 year:Engerix-B Adult	400 800
	Hepatitis A + B (0, 1, 6 m dosage schedule)	Twinrix		1,500 / dose
	Japanese B Encephalitis (live) (0, 3 m dosage schedule)	CD JEVAX	Minimum age to receive: 9 m.	800
	Japanese B Encephalitis (live) (0,12 m dosage schedule)	IMOJEV	1 year onwards	900
	MMR (Measles, Mumps, Rubella)	Priorix	Given at 1, 4 yrs. Old.	800
	TB Intra-dermal Skin Test**	Mantoux	Upon GIS enrollment and only as indicated thereafter.	600
	Tetanus, Diphtheria, Pertussis (Tdap)	Adacel, or Boostrix	Start at 10 yrs. old. and every 5-10 yrs. thereafter.	1,300
	Varicella (Chicken Pox)	Varilrix	injections, 1-3 m. apart, or 1,4 yrs. old.	1,600 / dose
	Td (Tetanus, Diphtheria)		10 yrs.old	500
	Tdap + IPV	Boostrix Polio	10 yrs. old	1,500
	Dtap + IPV	Tetraxim	18 m.; 4 yrs. old	1,500
	MMR+Varicella	Priorix -Tetra		2,400

	Vaccines	Trade Name	Age to be administered	Price /Baht
	Rabies	Rabipur,Verorab	Pre-exposure: Day 0, 7, 21 Post-exposure: Day 0, 3, 7, 14, 30	700/dose
	Rota	Rotateq,Rotarix	2, 4, 6 m/2,4m	1,000/dose
	Meningococcal- MCV-4	Menactra	16yrs. or as early as \geq 2yr.	3,000
	Pneumococcal	Prennar 13 (PCV13) Vaxeuvance (PCV15)	2, 4, 6, 18 m & >50 yrs. old	3,000 3,300
	Pneumococcal	Pneumovax 23	At least 2 months after receiving Prennar13 >50 yrs.old, last life long.	1,800
	Pneumococcal	Synflorix (PCV10)	2, 4, 6, 18 m (children upto 5 yrs.old)	2,500
	Dtap + IPV + HIB	Infanrix IPV Hib (Pentaxim)	2m., 4m.	1,800
	Dtap + IPV+ HIB+ HBV	Infanrix IPV Hexa (Hexaxim)	2m, 6 m	2,300
	Typhoid	Typhim-Vi	Every 3 yr., per Infect. Inst., Thail. 2014	800
	HBV titer (250 antigen; 250 antibody)		As required	500
	HPV	Gardasil 4 Gardasil 9	4 strains / 0, 1, 6 m. dosage schedule 9 strains / 0, 1, 6 m. dosage schedule Ages 9-12, two doses 6 months apart	3,000/dose 6,800/dose
	HAV		Titer as required < 18 years,Ø 18 years	1,200 2,400
	Zoster Vaccine	Shingrix	Two doses required two months apart	5,500/dose
	Dengue vaccine	Qdenga	Ages 4 years and older Two doses two months apart	2,200 /dose

Parent/Guardian's Signature _____ **Date** _____

Revised: August ,22,,2022.Kbugler

Payment by cash in the Nurse's office or Bank transfer: Bank Name: Kasikorn bank Changkran road branch,

Name of account: Kriengsak Clinic. Account number: 407-2-158364