

Community Pharmacy Hepatitis B Vaccination Programme

Dear Doctor

Concerning your patient:

Patient Name:

Patient Date of Birth:

Patient Address:

The above named patient has undergone an ultra rapid Hepatitis B immunisation programme at our community pharmacy. The vaccines administered were as detailed below

Dose	Date
Vaccine 1 (Day 0)	
Vaccine 2 (Day 7)	
Vaccine 3 (Day 21)	

We have recommended that this patient discusses sero-conversion with their GP six weeks after the final injection and that a booster should be administered at twelve months.

Yours sincerely

Pharmacy Stamp

Pharmacist
(Please print name below)**cc: IDAS Keyworker by fax on 01983 539667 if appropriate**