

**Unfunded Vaccine Quote for Travel**

Vaccine	Generic Name	# of Doses	Schedule	* cost per dose	Total cost of recommended doses	Quoted price
Bexsero	Meningococcal B	2	8 wks apart	\$170.00	\$340.00	
Boostrix	dTpa-Whooping cough/diphtheria/tetanus	1	MATY is free	\$94.00	\$94.00	
Dukoral	Cholera	2	4 wks apart	\$115.00	\$230.00	
Engerix B 20mcg -	Hepatitis B	3	4 wks apart	\$85.00	\$255.00	
Fluvax Funded if eligible	Flu	1	if child not had prev, 2 doses 4 wks apart	\$35.00	\$35.00	
Gardasil 9 –Funded age	HPV- Funded 9-26 yrs. Non-resident <18yrs	2-3	4 wks apart	\$240.00		
Havrix Jr	Hepatitis A	1-2	4 wks apart	\$100.00		
Havrix 1440 Adt	Hepatitis A	1-2	4 wks apart	\$133.00		
IPOL	Polio	1-3	4 wks apart	\$118.00		
Jespect	Japanese Encephalitis	2	28 days between	\$198.00	\$396.00	
Menquadfi	Menningococcal A ACWY Conjugate	1		\$163.00	\$163.00	
Merieux	Rabies	3	4 wks apart	\$184.53	\$553.59	
Nimenrix	Menningococcal ACWY	1		\$152.00	\$152.00	
Prevenar -13	Pneumococcal	1		\$253.00	\$253.00	
Pneumovax 23	Pneumococcal-	2-3		\$133.00		
Shingrix	Shingles-Herpes Zoster virus	2	2-6mths after 1st dose	\$347.00	\$694.00	
Stamaril	Yellow Fever	1		\$147.00	\$147.00	
Twinrix Jr (12m-15 yrs)	Hep A+Hep B	1		\$100.00	\$100.00	
Twinrix Adt	Hep A+Hep B	1		\$128.00	\$128.00	
Typhim	Typhoid	1		\$119.00	\$119.00	
Varilrix	Chicken Pox	2	4 wks apart	\$115.00	\$230.00	

Vivaxim (16 yrs +)	Typhoid+Hep A	1		\$193.00	\$193.00	
Vivotif Jr (6yrs +)	Typhoid	3	4 wks apart	\$130.00	\$390.00	
Prescription fee					\$25.00	
				Quoted Price		

Attached as a list of the unfunded vaccines that Village Health can provide to patients. Based on your travel itinerary immunisation will be recommended. Unfunded vaccines are to be prepaid. Please pay for the vaccines at reception or make direct payment via internet banking to 12-3191-0034927-000 and use your name as the reference.

Vaccines will be ordered once payment is made. They can take up to a week to come into the practice. We will contact you when the vaccines arrive and make a nurse appointment for administration. This price includes the cost of the nurse consults to have the vaccines administered.

If you have any questions about payment please speak to reception. Any queries about vaccines to be discussed with a nurse.

Patient Name: \_\_\_\_\_ D.O.B \_\_\_\_\_

Date: \_\_\_\_\_ Staff : \_\_\_\_\_

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