

 NEW ENGLAND  
Cancer Specialists

Infusion Center

Kennebunk • Portsmouth • Scarborough • Topsham

Phone: 207-303-3225 Fax: 207-692-2473

**Rabbies (RabAvert) vaccination**

Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Diagnosis: \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

Height: \_\_\_\_\_(cm) Actual Weight: \_\_\_\_\_(kg) Allergies: \_\_\_\_\_

Rabies vaccination (RabAvert): **Please check all that apply.**

Day 0

Day 3

Day 7

Day 14

\* **In the event of a hypersensitivity reaction, patients will be treated according to NECS protocols for the management of infusion-room drug reactions.**

Provider Name: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Pager: \_\_\_\_\_