

Rabies Post Exposure Prophylaxis Schedule Form



Patient Name:		
Rabies Immune Globulin (RIG)	Day 0 <i>Administer all on Day 0</i>	Name and address of organization providing dose
Rabies Vaccine	Day	Name and address of organization providing dose
	0	
	3	
	7	
	14	
	28 <i>if Immunocompromised</i>	
Type of Vaccine	RabAvert []	Imovax []