

**Dr. Arindam Bag (MD, KOL)**

Reg.no.-62962

**Consultant Physician**

sl.no.	Name of Vaccine	Dose	Validity
1	Inj Prevenar 13	1 vial Im single dose	Lifetime
2	Inj Pneumovax 23 / Inj Nukovax 23	1 vial Im single dose	Every 5 years
3	Inj Influvac / Inj Vaxiflu 4	1 vial Im single dose	Every year (Oct./May)
4	Inj Hepatitis B	1 ml each deltoid	1 <sup>st</sup> day, next 1 month, 2 month, then 6 month

Nibedita Medicare & Diagnostic Private Limited  
Mohini Complex, Uluberia Station Road, P.O. Uluberia Howrah-711316



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**Vaccination Schedule For CKD Patient**

sl.no.	Name of Vaccine	Dose	Validity
1	Inj Prevenar 13	1 vial Im single dose	Lifetime
2	Inj Pneumovax 23 / Inj Nukovax 23	1 vial Im single dose	Every 5 years
3	Inj Influvac / Inj Vaxiflu 4	1 vial Im single dose	Every year (Oct./May)
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