## **Health Report For Record Vaccinations**

Patient Name :asdsad ssadsad

Create Record For	Cvx Code	Name	Cpt Code	Manfacturer	Expiration Date	Lot Num	Administered Amount	Vaccinate Route	Vaccinate Site	Vaccinate Status	Administred On	Ordering Doctor	Administered By	Administered At			0	Observed Immunity	MOCOL
	Test2	Ann	444	manufacture4	2021-05- 11 12:00:00	22	22	2	3	3	2021-05- 11 10:28:00	3	Prakash Glasier	3	3	5	4	4	Test