

Patient Information

| Element | Data |
|--------------------------|---|
| Patient Name | Juana Mariela Gonzales |
| Mother's Maiden Name | Joanna Morales |
| ID Number | 123456 987633 |
| Date/Time of Birth | 10/01/2017 11:00 |
| Administrative Sex | Female |
| Patient Address | 3321 Standish Way Stamford CT 06903 USA |
| Local Number | (203)555-1212 |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | Yes |
| Birth Order | 1 |

Vaccine Administration Information[*]**Vaccine Administration Information**

| Element | Data |
|------------------------------------|--------------------------------|
| Administered Vaccine | Hepatitis B |
| Date/Time Start of Administration | 10/01/2017 |
| Administered Amount | 0.5 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | Susan Pike |
| Substance Lot Number | 6332FL432 |
| Substance Expiration Date | 12/14/2016 |
| Substance Manufacturer Name | GlaxoSmithKline Biologicals SA |
| Substance/Treatment Refusal Reason | |
| Completion Status | Complete |
| Action Code | Add |
| Route | Intramuscular |
| Administration Site | Left Thigh |
| Entering Organization | Shoreline Hospital |
| Entered By | Lisa Sirtis |
| Ordered By | Jane Carter |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|--|
| Administered Vaccine | hepatitis B vaccine, unspecified formulation |
| Date/Time Start of Administration | 10/31/2017 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |

| | |
|------------------------------------|----------------------|
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---|---|
| Vaccination contraindication | current fever with moderate-to-severe illness |
| Vaccination contraindication/precaution effective date | 12/01/2017 |
| Vaccination temporary contraindication/precaution expiration date | 01/01/2018 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|-------------------------------|
| Administered Vaccine | DTaP, unspecified formulation |
| Date/Time Start of Administration | 10/31/2017 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---|---|
| Vaccination contraindication | current fever with moderate-to-severe illness |
| Vaccination contraindication/precaution effective date | 12/01/2017 |
| Vaccination temporary contraindication/precaution expiration date | 01/01/2018 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|----------------------|
| Administered Vaccine | Hib |
| Date/Time Start of Administration | 10/31/2017 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---|---|
| Vaccination contraindication | current fever with moderate-to-severe illness |
| Vaccination contraindication/precaution effective date | 12/01/2017 |
| Vaccination temporary contraindication/precaution expiration date | 01/01/2018 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---|
| Administered Vaccine | Pneumococcal Conjugate, unspecified formulation |
| Date/Time Start of Administration | 10/31/2017 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |

| | |
|-----------------------|----------------------|
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---|---|
| Vaccination contraindication | current fever with moderate-to-severe illness |
| Vaccination contraindication/precaution effective date | 12/01/2017 |
| Vaccination temporary contraindication/precaution expiration date | 01/01/2018 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|------------------------------------|
| Administered Vaccine | rotavirus, unspecified formulation |
| Date/Time Start of Administration | 10/31/2017 |
| Administered Amount | 999 |
| Administered Units | |
| Administration Notes | |
| Administering Provider | |
| Substance Lot Number | |
| Substance Expiration Date | |
| Substance Manufacturer Name | |
| Substance/Treatment Refusal Reason | |
| Completion Status | Not Administered |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | Shoreline Pediatrics |
| Entered By | Sandra Molina |
| Ordered By | Frank Smith |

| Element | Data |
|---|---|
| Vaccination contraindication | current fever with moderate-to-severe illness |
| Vaccination contraindication/precaution effective date | 12/01/2016 |
| Vaccination temporary contraindication/precaution expiration date | 01/01/2018 |