

### Patient Information

| Element              | Data                                  |
|----------------------|---------------------------------------|
| Patient Name         | Katherine Mackenzie Benton            |
| Mother's Maiden Name | Jones                                 |
| ID Number            | 89778                                 |
| Date/Time of Birth   | 12/21/2003                            |
| Administrative Sex   | F                                     |
| Patient Address 1    | 89 West 21st Ave Bozeman MT 59715 USA |
| Local Number         | (406)555-4019                         |
| Race                 | White                                 |
| Ethnic Group         | Not Hispanic or Latino                |
| Birth Order          | 1                                     |

### Immunization Registry Information

| Element                                     | Data               |
|---|--------------------|
| Immunization Registry Status                | A                  |
| Publicity Code (Text)                       | No reminder/recall |
| Protection Indicator                        | N                  |
| Protection Indicator Effective Date         |                    |
| Publicity Code Effective Date               | 06/24/2015         |
| Immunization Registry Status Effective Date | 12/21/2003         |

### Guardian or Responsible Party

| Element                       | Data                              |
|-------------------------------|-----------------------------------|
| Name                          | Kari Benton                       |
| Relationship                  | Mother                            |
| Address                       | 89 West 21st Ave Bozeman MT 59715 |
| Address (Country)             | USA                               |
| Phone Number or Email address | (406)555-4019                     |

### Vaccine Administration Information

| Element                            | Data            |
|------------------------------------|-----------------|
| Administered Code - Text           | HPV, bivalent   |
| Date/Time Start of Administration  | 06/24/2015      |
| Administered Amount                | 0.5             |
| Administered Units                 | mL              |
| Administration Notes               | New Record      |
| Administering Provider             | Lily Jackson    |
| Substance Lot Number               | 795441          |
| Substance Expiration Date          | 12/23/2015      |
| Substance Manufacturer Name        | GlaxoSmithKline |
| Substance/Treatment Refusal Reason |                 |
| Route                              | Intramuscular   |

|                     |               |
|---------------------|---------------|
| Administration Site | Right Deltoid |
|---------------------|---------------|

New Record

| Element                             | Data   |
|-------------------------------------|--|
| Vaccine Funding Source              | Public   |
| Vaccine Funding Program Eligibility | VFC Eligible - Underinsured                    |
| Document Type                       | Human papillomavirus Vaccine (Cervarix)<br>VIS |
| Date Vis Presented                  |  |

Order Information

| Element    | Data         |
|------------|--------------|
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |