D (* )	TC	, •
<ul><li>Patient</li></ul>	Intori	mation-

Element	Data
Patient Name	Lacy Wells
Mother's Maiden Name	
ID Number	22533
Date/Time of Birth	04/30/2011
Administrative Sex	Female
Patient Address	12 North Oak St Bozeman MT 59715 USA
Local Number	(406)555-2914
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

# -Immunization Registry Information-

Data
A
04/30/2011
No reminder/recall
06/25/2015
Yes
06/25/2015

## Guardian or Responsible Party

Element	Data
Name	Janelle Trudeau
Relationship	Guardian
Address	12 North Oak St Bozeman MT 59715 USA
Phone Number	(406)555-2914

### -Vaccine Administration Information-

Element	Data
Administered Code	MMRV
Date/Time Start of Administration	06/25/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	407453
Substance Expiration Date	10/15/2015
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Completion Status	СР

Action Code	Add
Route	Intramuscular
Administration Site	Right Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

#### ----Observations-

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Measles/Mumps/Rubella/Varicella VIS
Date Vis Presented	

## -Vaccine Administration Information-

Element	Data
Administered Code	DTaP-IPV
Date/Time Start of Administration	06/25/2015
Administered Amount	0.5
Administered Units	mL
Administration Notes	New Record
Administering Provider	Lily Jackson
Substance Lot Number	88402
Substance Expiration Date	07/30/2015
Substance Manufacturer Name	GlaxoSmithKline
Substance/Treatment Refusal Reason	
Completion Status	СР
Action Code	Add
Route	Intramuscular
Administration Site	Left Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

#### -Observations-

Element	Data
Vaccine Funding Source	Private
Vaccine Funding Program Eligibility	Not VFC Eligible
Document Type	Polio VIS
Date Vis Presented	
Document Type	Diphtheria/Tetanus/Pertussis (DTaP) VIS
Date Vis Presented	