

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 | Female |
| Patient Address 1 | 89 West 21st Ave Bozeman MT 59715 USA |
| Local Number | (406)555-4019 |
| Race1 | White |
| Ethnic Group | Not Hispanic or Latino |
| Birth Order | 1 |

Immunization Registry Information

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

Guardian or Responsible Party

| Element | Data |
|--------------|--|
| Name | Kari Michelle Benton |
| Relationship | Mother |
| Address1 | 89 West 21st Ave Bozeman MT 59715 USA |
| Phone Number | (406)555-4019 |

Vaccine Administration Information

| Element | Data |
|-----------------------------------|--------------|
| Administered Code | CERVARIX |
| 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 | |
| Completion Status | CP |
| Action Code | Delete |
| Route | Intramuscular |
| Administration Site | Right Deltoid |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

Observations

| Element | Data |
|-------------------------------------|---|
| Vaccine Funding Source | Public |
| Vaccine Funding Program Eligibility | VFC Eligible - Underinsured |
| Document Type | Human papillomavirus Vaccine (Cervarix) VIS |
| Date Vis Presented | 06/24/2015 |

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