D (*)	TC	, •
Patient	Intori	mation-

Element	Data
Patient Name	SMith Wells
Mother's Maiden Name	
ID Number	22533
Date/Time of Birth	04/30/2011
Administrative Sex	F
Patient Address 1	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-

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	04/30/2011
Publicity Code	No reminder/recall
Publicity Code Effective Date	06/25/2015
Protection Indicator	Y
Protection Indicator Effective Date	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 or Email address	(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	
Action Code	A
Route	Intramuscular

Administration Site	Right Deltoid
Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	Wilma Thomas

New Record—

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

New Record—

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	