## -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          | 89 West 21st Ave Bozeman MT 59715 USA |
| Local Number             | (406)555-4019                         |
| Race                     | White                                 |
| Ethnic Group             | Not Hispanic or Latino                |
| Multiple Birth Indicator | No                                    |
| Birth Order              | 1                                     |

## Immunization Registry Information -

| Element                                     | Data               |
|---|--------------------|
| Immunization Registry Status                | Active             |
| 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                                |
| Address      | 89 West 21st Ave Bozeman MT 59715 USA |
| Phone Number | (406)555-4019                         |

## -Vaccine Administration Information -

| Element                            | Data            |
|------------------------------------|-----------------|
| Administered Vaccine               | 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                  | Complete        |
| Action Code                        | Delete          |

| Route                 | Intramuscular   |
|-----------------------|-----------------|
| Administration Site   | Right Deltoid   |
| Entering Organization | NISTEHRFacility |
| Entered By            | Lily Jackson    |
| Ordered By            | Wilma Thomas    |

| 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                                  |