	_	
D-4:4	T C	4 :
–Patient	intorm	ายบาก =

Element	Data
Patient Name	Tyler Owen Banks
Mother's Maiden Name	
ID Number	8891
Date/Time of Birth	06/02/2014
Administrative Sex	Male
Patient Address	924 Sycamore Lane Bozeman MT 59715 USA
Local Number	(406)555-5835
Race	White
Ethnic Group	Not Hispanic or Latino
Birth Order	1

-Immunization Registry Information-

Data
A
06/02/2004
Reminder/recall - any method
06/24/2015
No
06/24/2015

Guardian or Responsible Party

Element	Data
Name	Karl Leonard Banks
Relationship	Father
Address	924 Sycamore Lane Bozeman MT 59715 USA
Phone Number	(406)555-5835

-Vaccine Administration Information-

Data
HIBERIX
06/24/2015
0.5
mL
New Record
Lily Jackson
328734
09/23/2015
GlaxoSmithKline
СР

Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
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	Multiple Vaccines VIS
Date Vis Presented	

-Vaccine Administration Information-

Element	Data
Administered Code	VAQTA
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	208940
Substance Expiration Date	01/20/2016
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	Intramuscular
Administration Site	Right Thigh
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	Hepatitis A VIS
Date Vis Presented	

vaccine Auministration information

Element	Data
Administered Code	M-M-R II
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	134301
Substance Expiration Date	10/28/2015
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	Subcutaneous
Administration Site	Left Thigh
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 VIS
Date Vis Presented	

----Vaccine Administration Information-

Element	Data
Administered Code	varicella
Date/Time Start of Administration	06/24/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	Parental decision
Completion Status	RE
Action Code	Add
Route	
Administration Site	

Entering Organization	West Clinic
Entered By	Lily Jackson
Ordered By	