

All Segments

Patient Information

Element	Data
Patient Name	Mariela Gonzales Morales
Mother's Maiden Name	Joanna Gonzales
ID Number	123456 987633
Date/Time of Birth	03/30/2015
Administrative Sex	Female
Patient Address	3321 Standish Way Stamford CT 06903 USA
Patient Address 1	325 Shorline Drive Stamford CT 06901
Local Number	(203)555-1214
Race	Other Race
Ethnic Group	Hispanic or Latino
Birth Order	

Immunization Registry Information

Element	Data
Immunization Registry Status	A
Immunization Registry Status Effective Date	07/01/2012
Publicity Code	Reminder/Recall - any method
Publicity Code Effective Date	07/01/2012
Protection Indicator	
Protection Indicator Effective Date	

Guardian or Responsible Party

Element	Data
Name	Joanna Gonzales Morales
Relationship	Mother
Address	4623 Standish Way Stamford CT 06903
Phone Number	(203)555-1213

Vaccine Administration Information[*]

Vaccine Administration Information

Element	Data
Administered Code	hepatitis B vaccine, pediatric or pediatric/adolescent dosage
Date/Time Start of Administration	11/23/2009
Administered Amount	999
Administered Units	
Administration Notes	Historical information - from public agency
Administering Provider	Lisa Sirtis
Substance Lot Number	6332FK33
Substance Expiration Date	12/14/2010
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA

Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	IM
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

Vaccine Administration Information

Element	Data
Administered Code	hepatitis B vaccine, unspecified formulation
Date/Time Start of Administration	07/15/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	08/15/2015

Vaccine Administration Information

Element	Data
Administered Code	DTaP, unspecified formulation
Date/Time Start of Administration	07/15/2015
Administered Amount	999

Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	08/15/2015

Vaccine Administration Information

Element	Data
Administered Code	Hib
Date/Time Start of Administration	07/15/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	08/15/2015

Vaccine Administration Information

Element	Data
Administered Code	Pneumococcal Conjugate, unspecified formulation
Date/Time Start of Administration	07/15/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	08/15/2015

Vaccine Administration Information

Element	Data
Administered Code	rotavirus, unspecified formulation
Date/Time Start of Administration	07/15/2015
Administered Amount	999

Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

Element	Data
Vaccination contraindication	current fever with moderate-to-severe illness
Vaccination contraindication/precaution effective date	07/15/2015
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Publicity Code Effective Date	07/01/2012
Protection Indicator	
Protection Indicator Effective Date	

Guardian or Responsible Party

Element	Data
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Relationship	Mother
Address	4623 Standish Way Stamford CT 06903
Phone Number	(203)555-1213

Vaccine Administration Information[*]

Vaccine Administration Information

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Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	CP
Action Code	Add
Route	IM
Administration Site	Left Thigh
Entering Organization	Shoreline Hospital
Entered By	Lisa Sirtis
Ordered By	Jane Carter

Vaccine Administration Information

Element	Data
Administered Code	hepatitis B vaccine, unspecified formulation
Date/Time Start of Administration	07/15/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	

Substance/Treatment Refusal Reason	
Completion Status	NA
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith

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Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
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Administered Code	Hib
Date/Time Start of Administration	07/15/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA
Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
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Vaccination contraindication/precaution effective date	07/15/2015
Vaccination temporary contraindication/precaution expiration date	08/15/2015

Vaccine Administration Information

Element	Data
Administered Code	Pneumococcal Conjugate, unspecified formulation
Date/Time Start of Administration	07/15/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA

Action Code	Add
Route	
Administration Site	
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
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Vaccine Administration Information

Element	Data
Administered Code	rotavirus, unspecified formulation
Date/Time Start of Administration	07/15/2015
Administered Amount	999
Administered Units	
Administration Notes	
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	
Substance/Treatment Refusal Reason	
Completion Status	NA
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