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| Element | Data |
|--------------------------|-----------------------------------|
| Patient Name | Manuel Diego Vasquez |
| Mother's Maiden Name | |
| ID Number | 21142 |
| Date/Time of Birth | 02/15/1947 |
| Administrative Sex | Male |
| Patient Address | 227 Park Ave Bozeman MT 59715 USA |
| Local Number | (406)555-5815 |
| Email | Manuel.Vasquez@isp.com |
| Race | White |
| Ethnic Group | Hispanic or Latino |
| Multiple Birth Indicator | No |
| Birth Order | 1 |

-Immunization Registry Information

| Element | Data | | |
|---|--------------------|--|--|
| Immunization Registry Status | Active | | |
| Immunization Registry Status Effective Date | 06/25/2015 | | |
| Publicity Code | No reminder/recall | | |
| Publicity Code Effective Date | 06/25/2015 | | |
| Protection Indicator | No | | |
| Protection Indicator Effective Date | 06/25/2015 | | |

-Vaccine Administration Information

| Element | Data | | | |
|------------------------------------|---|--|--|--|
| Administered Vaccine | Pneumococcal Conjugate, unspecified formulation | | | |
| Date/Time Start of Administration | 10/21/2014 | | | |
| Administered Amount | 999 | | | |
| Administered Units | | | | |
| Administration Notes | Historical Administration | | | |
| Administering Provider | | | | |
| Substance Lot Number | | | | |
| Substance Expiration Date | | | | |
| Substance Manufacturer Name | | | | |
| Substance/Treatment Refusal Reason | | | | |
| Completion Status | Complete | | | |
| Action Code | Add | | | |
| Route | | | | |
| Administration Site | | | | |
| Entering Organization | NISTEHRFacility | | | |
| Entered By | Lily Jackson | | | |
| Ordered By | | | | |