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|-----|------|-----|------|-----|----|-------|--|
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| Element | Data |
|--------------------------|--------------------------------------|
| Patient Name | Lacy Wells |
| Mother's Maiden Name | |
| ID Number | 22533 |
| Date/Time of Birth | 04/30/2011 |
| Administrative Sex | Female |
| Patient Address | 12 North Oak St Bozeman MT 59715 USA |
| Local Number | (406)555-2914 |
| 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 | 04/30/2011 |
| Publicity Code | Reminder/recall - to provider |
| Publicity Code Effective Date | 06/25/2015 |
| Protection Indicator | No |
| 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 | (406)555-2914 |

-Vaccine Administration Information[*] -

-Vaccine Administration Information

| Element | Data | |
|------------------------------------|---------------------|--|
| Administered Vaccine | ProQuad | |
| 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 | | |
| Completion Status | Complete | |

| Action Code | Add |
|-----------------------|-----------------|
| Route | Subcutaneous |
| Administration Site | Right Deltoid |
| Entering Organization | NISTEHRFacility |
| Entered By | Lily Jackson |
| Ordered By | Wilma Thomas |

| Element | Data | |
|-------------------------------------|-------------------------------------|--|
| Vaccine Funding Source | Private | |
| Vaccine Funding Program Eligibility | Not VFC Eligible | |
| Document Type | Measles/Mumps/Rubella/Varicella VIS | |
| Date Vis Presented | 06/25/2015 | |

-Vaccine Administration Information -

| Element | Data | |
|------------------------------------|-----------------|--|
| Administered Vaccine | KINRIX | |
| 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 | | |
| Completion Status | Complete | |
| Action Code | Add | |
| Route | Intramuscular | |
| Administration Site | Left Deltoid | |
| Entering Organization | NISTEHRFacility | |
| Entered By | Lily Jackson | |
| Ordered By | Wilma Thomas | |

| Element | Data |
|-------------------------------------|---|
| Vaccine Funding Source | Private |
| Vaccine Funding Program Eligibility | Not VFC Eligible |
| Document Type | Polio VIS |
| Date Vis Presented | 06/25/2015 |
| Document Type | Diphtheria/Tetanus/Pertussis (DTaP) VIS |
| Date Vis Presented | 06/25/2015 |