

Patient Information

| Element | Data |
|----------------------|----------------------------------|
| Patient Name | Helen Barrett |
| Mother's Maiden Name | |
| ID Number | 7120 |
| Date/Time of Birth | 03/17/1950 |
| Administrative Sex | Female |
| Patient Address | 763 Main St Bozeman MT 59715 USA |
| Local Number | (406)555-4064 |
| Email | Helen.Barrett@isp.com |
| Race | White |
| Ethnic Group | Not Hispanic or Latino |
| Birth Order | 1 |

Immunization Registry Information

| Element | Data |
|---|--------------------------|
| Immunization Registry Status | A |
| Immunization Registry Status Effective Date | 03/17/1950 |
| Publicity Code | Recall only - any method |
| Publicity Code Effective Date | 06/25/2015 |
| Protection Indicator | Yes |
| Protection Indicator Effective Date | 06/25/2015 |

Vaccine Administration Information

| Element | Data |
|------------------------------------|---------------------------|
| Administered Code | zoster |
| Date/Time Start of Administration | 03/17/2015 |
| 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 | CP |
| Action Code | Add |
| Route | |
| Administration Site | |
| Entering Organization | West Clinic |
| Entered By | Lily Jackson |
| Ordered By | |

