



Patient Immunization History

Patient Information	
First Name:	JONATHAN
Middle Initial:	D
Last Name:	MOORE
Birth Date:	04/24/1978
Address:	320 FRONT ST SW APT 2 ABINGDON, VA
Phone Number:	(276) 696-1163

Immunization Details			
Rx Number	Store Number	Date Sold	Product
666835	9948	09/13/2016	FLUVIRIN MULTIDOSE VIAL 2016-17 5ML
926735	9948	12/29/2018	FLUZONE QUAD 2018-19 INJ, 0.5ML
1018684	9948	09/30/2019	AFLURIA QIV PFS 2019-2020 INJ 0.5ML
1118381	9948	08/14/2020	FLUZONE PFS 2020-21 INJ 0.5ML
1196754	9948	04/22/2021	COVID19 (PFIZER AGE 12+) PURPLE CAP
1205060	9948	05/19/2021	COVID19 (PFIZER AGE 12+) PURPLE CAP
1252119	9948	10/12/2021	FLUCELVAX QUAD PF INJ 2021-22 0.5ML
1493683	9948	09/30/2023	FLUCELVAX PF INJ 2023-24 5ML
1493685	9948	09/30/2023	COMIRNATY 12+ (COVID) 23-24 PFS
1495218	9948	10/04/2023	PREVNAR 20 0.5ML IM PFS (1 PACK)
1495235	9948	10/04/2023	BOOSTRIX 0.5ML IM PFS (10 PACK)
1592862	9948	07/11/2024	M-M-R II 0.5ML IM/SQ (10 PACK)
1592863	9948	07/11/2024	IPOLE 0.5ML IM/SQ MDV (10 DOSE)
1592865	9948	07/11/2024	TWINRIX 1ML IM PFS (10 PACK)
1595112	9948	07/18/2024	IXIARO 0.5ML IM (1 PACK)
1595113	9948	07/18/2024	TYPHIM VI 0.5ML IM PFS (1 PACK)
1611872	9948	09/05/2024	FLUCELVAX 0.5ML IM PFS 2024-25

09/16/2024 Comirnaty 0.5ML