

Patient Information

Element	Data
Patient Name	Juan Marcel Gonzales
Mother's Maiden Name	Anita Morales
ID Number	123456 987633
Date/Time of Birth	03/04/2017 11:00
Administrative Sex	Male
Patient Address	4623 Standish Way Stamford CT 06903 USA
Local Number	(203)555-1213
Race	White
Ethnic Group	Hispanic or Latino
Multiple Birth Indicator	No
Birth Order	

Vaccine Administration Information

Element	Data
Administered Vaccine	Hepatitis B
Date/Time Start of Administration	10/31/2018
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Sandra Molina
Substance Lot Number	6332FK26
Substance Expiration Date	12/31/2019
Substance Manufacturer Name	GlaxoSmithKline Biologicals SA
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Delete
Route	IM
Administration Site	Left Deltoid
Entering Organization	Shoreline Pediatrics
Entered By	Sandra Molina
Ordered By	Frank Smith