

**Patient Information**

Element	Data
Patient Name	Juan Marcel Gonzales
Mother's Maiden Name	Anita Morales
ID Number	123456 987633
Date/Time of Birth	03/04/2018 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	10/31/2019
Administered Amount	0.5
Administered Units	
Administration Notes	
Administering Provider	Sandra Molina
Substance Lot Number	6332FK26
Substance Expiration Date	12/31/2020
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

Element	Data
Date vaccine information statement presented	10/31/2019
Document Type	Hepatitis B Vaccine VIS
vaccine fund pgm elig cat	Not VFC elig
Vaccine funding source	Private