

**Patient Information**

Element	Data
Patient Name	Lance Gaige Duncan
Mother's Maiden Name	King
ID Number	1111
Date/Time of Birth	02/15/2024
Administrative Sex	Male
Patient Address	749 Evergreen Ter. Springfield OR 97477 USA
Local Number	(541)555-1111
Email	IIPMP@gmail.com
Race	American Indian or Alaska Native
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	01/26/2024
Publicity Code	Reminder/recall - any method
Publicity Code Effective Date	04/05/2024
Protection Indicator	No
Protection Indicator Effective Date	04/05/2024

**Guardian or Responsible Party[\*]****Guardian or Responsible Party**

Element	Data
Name	Ingrid Stacy Duncan
Relationship	Mother
Address	749 Evergreen Ter. Springfield OR 97477 USA
Phone Number	(541)555-1111
Phone Number	

**Guardian or Responsible Party**

Element	Data
Name	Simon Isaiah Duncan
Relationship	Father
Address	749 Evergreen Ter. Springfield OR 97477 USA
Phone Number	(541)555-1233

**Vaccine Administration Information**

Element	Data
Administered Vaccine	Hep B, unspecified formulation
Date/Time Start of Administration	04/05/2024
Administered Amount	999
Administered Units	
Administration Notes	Historical information - from other provider
Administering Provider	
Substance Lot Number	
Substance Expiration Date	
Substance Manufacturer Name	

Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	
Administration Site	
Entering Organization	Oregon Family Medicine
Entered By	Daniela Wyatt
Ordered By	