

Patient Information

Element	Data
Patient Name	Alexandria Jacqueline Montoya
Mother's Maiden Name	Hayes
ID Number	2222
Date/Time of Birth	03/27/2012
Administrative Sex	Female
Patient Address	82 Evergreen Ter Springfield OR 97477 USA
Local Number	(541)555-1235
Race	White
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	Yes
Protection Indicator Effective Date	04/05/2024

Guardian or Responsible Party

Element	Data
Name	Maria Christina Montoya
Relationship	Mother
Address	82 Evergreen Ter Springfield OR 97477 USA
Phone Number	(541)555-1235

Vaccine Administration Information

Element	Data
Administered Vaccine	GARDASIL 9
Date/Time Start of Administration	04/05/2024
Administered Amount	0.5
Administered Units	mL
Administration Notes	New immunization record
Administering Provider	Daniela Wyatt
Substance Lot Number	IIPVAXN08
Substance Expiration Date	09/27/2029
Substance Manufacturer Name	Merck and Co., Inc.
Substance/Treatment Refusal Reason	
Completion Status	Complete
Action Code	Add
Route	INTRAMUSCULAR
Administration Site	Left Deltoid
Entering Organization	Oregon Family Medicine
Entered By	Daniela Wyatt
Ordered By	Ramon Bradshaw

Element	Data
Vaccine funding source	Private funds

Vaccine funding program eligibility category	VFC eligible - Medicaid/Medicaid Managed Care
Document type	HPV (Human Papillomavirus) Vaccine VIS - 08/06/2021
Date Vaccine Information Statement Presented	04/05/2024