

McLaren Print System Order

Order No: 52045 Reprint Previous Order No: 5592
 Order Date: 2020-01-30
 User: Diana Garver
 Phone: 989-386-8170

Ship Location: McLaren Central - Clare Clinic - Attn: Renae
 1509 N McEwan
 Clare, Michigan (USA) 48617

Forms

Quantity: 100
 Paragon Dept No: 75075
 Dept Name: Clare Clinic
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-157
 Item Description: Vaccine Administration Record (Adults)
 Revision Date: 7/2011
 Print: 2 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish: None
 Drill: None
 Misc Info:

McLaren Medical Group
 VACCINE ADMINISTRATION RECORD (FOR ADULTS) (V)

Vaccine	Date Administered & Vaccine Administration Statement Number	Date on Vaccine Administration Statement (DOB)	Vaccine V#	Vaccine Lot Number	Expiration Date	Site Used	Preced	Signature of Vaccine Administrator	Client Initials
Tetanus and Diphtheria Type III (Td)									
Hepatitis A (HepA) (Type I)									
Hepatitis B (HepB) (Type II)									
Measles, Mumps, Rubella (MMR) (Type III)									
Varicella (Type IV)									
Shingles (Type V)									
Pneumococcal (Type VI)									
Meningococcal (Type VII)									
Hemep (Type VIII)									

* Place an asterisk (*) next to the date the vaccine was given to indicate vaccine administration dates.

DATE TIME	BY	SIGNATURE	REVISOR
DD - MM - YYYY	DD - MM - YYYY	DD - MM - YYYY	DD - MM - YYYY
HH - MM	HH - MM	HH - MM	HH - MM

* Check Status W = Withdrawn, U = Unvaccinated, D = Underimmunized, R = Reimmunized, B = Broken Bottle, or M = Mismatched, and P = Provider/Insurance.

Printed: _____

Address: _____

City/State/Zip: _____

VACCINE ADMINISTRATION RECORD (FOR ADULTS) (V)
