

McLaren Print System Order

Order No: 62264 Reprint Previous Order No: 5593
 Order Date: 2021-05-06
 User: Michele Lubick
 Phone: 586-263-0320

Ship Location: McLaren Macomb Family Medicine-Michele
 16700 21 Mile Rd., Suite 101
 Macomb, MI 48044

Forms

Quantity: 100
 Paragon Dept No: 71600
 Dept Name: McLaren Macomb Family Medicine
 Company Number: 810

Order Total Price: 0.00

Item Number: MM-34079
 Item Description: Vaccine Administration Record (Children and Teens)
 Revision Date: 9/2013
 Print:
 Paper:
 Size:
 Fold:
 Finish:
 Drill:
 Misc Info:

McLaren Medical Group
 Vaccine Administration Record for Children and Teens

Patient Name: _____ Clinic Name/Address: _____
 Date of Birth: _____ MCR ID# _____

Vaccine	Date Administered or Expiration Date (Minimum 10% Over)	Type of Vaccine	Site on Body	Vaccine Brand	Vaccine Lot Number	Site Brand	Route	Signature of Vaccine Administrator	Check off if Administered
Diphtheria									
Tetanus									
Polio									
MM2 (MM)									
MM1 (MM)									
MM3 (MM)									
MM4 (MM)									
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MM50 (MM)									

*There are additional forms for this form. See the user manual for details on vaccine administration procedures.
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