

McLaren Print System Order

Order No: 53062 Reprint Previous Order No: 5592
 Order Date: 2020-02-28
 User: Lynn Kreiner
 Phone: 810-346-2757

Ship Location: McLaren Lapeer Brown City
 7115 Cade Rd
 Brown City , MI 48416

Forms

Quantity: 100
 Paragon Dept No: 65400
 Dept Name: Lapeer - Brown City
 Company Number: 810

Order Total Price: 4.98

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: 2 Hole Top
 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 lot	Vaccine Lot Number	Expiration Date	Site Used	Practitioner	Signature of Vaccine Administrator	Client Initials
Tetanus and Diphtheria Type: TD									
Tdap									
Hepatitis A (p.p. Type: 1)									
Type: 2									
Hepatitis B (p.p. Type: 1)									
Type: 2									
Type: 3									
Meningococcal (Type: 1)									
Type: 2									
Type: 3									
Shingles (Type: 1)									
Type: 2									
Flu (Type: 1)									
Type: 2									
Protein (Type: 1)									
Type: 2									
Meningococcal (Type: 1)									
Type: 2									
Type: 3									
Polio (Type: 1)									
Type: 2									

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

DATE TIME	NO.	SIGNATURE	PRINT NAME
MM - DD - YYYY	01 - 09	_____ [Signature]	_____ [Print Name]

* Check Status: W = Worked, U = Unworked, O = Unknown, R = American Red Cross, and P = Provider/Insurance

From: _____

Address: _____

City/State/Zip: _____

VACCINE ADMINISTRATION RECORD FOR ADULTS (V)

Phone: _____

City/State/Zip: _____

Address: _____