

McLaren Print System Order

Order No: 6170
 Order Date: 2014-09-30
 User: Tammy Sagamang
 Phone: 810-342-5800

Ship Location: McLaren Int. Med. Res. Group Practice
 Flint, MI

Forms
 Quantity: 1000
 Paragon Dept No: 60030
 Dept Name: McLaren Int. Med. Res. Group Practice
 Company Number: 60

Order Total Price: 33.50

Form Number: M-10337
 Form Description: Vaccine Administration for Adults (McLaren Internal Medicine Residency Group Practice)
 Revision Date: 10/2010
 Print: 1 sided black and white
 Paper: 20# White Text
 Size: 8.5 x 11
 Fold:
 Finish:
 Drill: 5 Hole Top

Vaccine Administration for Adults
 McLaren Internal Medicine Residency Group Practice
 3230 Beaubien Rd., Ste 2
 Flint, MI 48932

Vaccine	Date Vaccine & Signature Given	Vaccine Mfr.	Vaccine Lot No.	Vaccine Exp. Date	Site/View As appears in vaccine kit, right? If not by it, record	Route (IM, intradermal, or subcutaneous & intrathecal)	Signature of Vaccine Administerer	Parent/Guardian Signature
Hepatitis A Hep. A								
Hep. A/B								
Hepatitis B Hep. B								
Hep. A/B/C Hep. A, Hep. B								
MM Distemper (MM) Cervarix (HPV2)								
Meningococci								
Meningococci/Meningitis Adjuv. (Menom) Meningococci Menom (Menom) Pharmococci (PPV23)								
Tetanus/Diphtheria/Pertussis (Tdap) - for years of age								
Td - for years of age								
Varicella								
Zoster Zostavax - for years of age								
Other								
Other								
Other								
Other								

MM: Date _____ Signature _____ MM Reading Pos. Neg. Date _____ Signature _____

MM: Date _____ Signature _____ MM Reading Pos. Neg. Date _____ Signature _____

MM: Date _____ Signature _____ MM Reading Pos. Neg. Date _____ Signature _____

VACCINE ADMINISTRATION FOR ADULTS
 © 10/2010

Signature: _____
 Signature: _____
 Signature: _____