McLaren Business Products

McLaren Print System Order

Order No: 6171
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 Beecher Rd., Ste. 2
Flint, MI 48532

Vaccine	Date Vaccine & Vaccine Info Statement Given	Vaccine Mfr.	Vaccine Lot No.	Vaccine Exp. Date	Site Given: RA - right arm LA - left arm RL - right leg LL - left leg R - rectal	Route: IM - intramuscular SC - subcutaneous O - oral	Signature of Vaccine Administrator	Patient/Guardian Signature
Hepatitis A								
Hep A								
Hep A/B								
Hepatitis B								
Hep B								
HepA/Hep B								
HPV								
Gardasil® (HPV4)								
Cervarix® (HPV2)								
Influenza								
Measles Mumps/Rubella								
(MMR) booster								
Meningococcal								
(MCV 4)								
Pneumococcal								
(PPV23)								
Tetanus/Diphtheria/Pertussis								
(Tdap) – 64 years of age								
Td								
> 64 years of age								
Varicella								
Zostavax								
Zostavax®								
> 60 years of age								
Other								
Other								
Other								
Other								

PPD: Date __/__/__ Signature _____ PPD Reading ☐Pos. ☐Neg. Date __/__/__ Signature _____

PPD: Date __/__/__ Signature _____ PPD Reading ☐Pos. ☐Neg. Date __/__/__ Signature _____

PPD: Date __/__/__ Signature _____ PPD Reading ☐Pos. ☐Neg. Date __/__/__ Signature _____

VACCINE ADMINISTRATION FOR ADULTS