

McLaren Print System Order

Order No: 42109 Reprint Previous Order No: 6169
 Order Date: 2019-01-22
 User: Tammy Sagamang
 Phone: 810-342-5820

Ship Location: McLaren Int. Med. Res. Group Practice-Attn: Tammy
 3230 Beecher Road Ste 2-Med Ed Bldg
 Flint , MI 48532

Forms

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

Order Total Price: 0.00

Item Number: M-10337
 Item 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: None
 Misc Info:

Vaccine Administration for Adults
 McLaren Internal Medicine Residency Group Practice
 3230 Beecher Rd., Ste 2
 Flint, MI 48532

Vaccine	Date Vaccine & Signature/Signature Given	Vaccine Site	Vaccine Lot No.	Vaccine Exp. Date	Site Clean As appears to patient R, left leg, R, right leg, or other	Route of administration or method	Signature of Vaccine Administrator	Patient/Guardian Signature
Hepatitis A Hep A Hep A-B								
Hepatitis B Hep B Hep A-Hep B								
MM2 Gardasil® (HPV4) Cervarix® (HPV2)								
Influenza								
Meningococcal/Mening Adult/13-valent								
Meningococcal ACWY-4								
Pneumonia (PPV23)								
Tetanus/Diphtheria/Pertussis (Tdap) - 60 years of age								
Td - 60 years of age								
Tetanus - 60 years of age								
Other								
Other								
Other								

IPV Date: ____/____/____ Signature: _____ IPV Reading Pos. Neg. Date: ____/____/____ Signature: _____
 IPV Date: ____/____/____ Signature: _____ IPV Reading Pos. Neg. Date: ____/____/____ Signature: _____
 IPV Date: ____/____/____ Signature: _____ IPV Reading Pos. Neg. Date: ____/____/____ Signature: _____

VACCINE
 ADMINISTRATION
 FORM 42109-19
 10/2010

Physician: _____
 Nurse: _____
 Pharmacist: _____