

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery AL, 36117
(334) 244-3281

Date: 08/16/19

PATIENT: WILLIAMS, DAVID **DOB:** 02/15/1964 **Gender:** **MRN:** 1074 **AGE:** 55 Years

VISIT TYPE: Office Visit Established

CHIEF COMPLAINT: Needs Typhoid and Hep A
Symptoms: Travelling to China on 8/30/19

ALLERGIES: Penicillins

ORDERS:

Typhoid (1 unit(s)): Immunizations
Hepatitis A (1 unit(s)): Immunizations

RESULTS:

Typhoid:
Site Given: Left Deltoid
Dosage Given: 0.5 milliliter(s)

Hepatitis A:
Site Given: Right Deltoid
Dosage Given: 1 milliliter(s)

ASSESSMENT:

Z23 - ENCOUNTER FOR IMMUNIZATION (PRIMARY)

PLAN:

Typhoid, Hep A

RTC pm

Electronically signed by Melodye Harvey, CRNP on 08/16/19 10:24 AM