



Dear Health Care Provider:

A CVS Pharmacy health care provider has provided immunization services to the patient named below. The patient has identified you as their primary care provider. Please update the patient's chart to include the following immunization(s) listed below.

In addition, immunization information will be reported to the state immunization registry where permitted.

Sincerely,
CVS Pharmacy Health Care Provider

Primary Care Provider Name: LINDSEY BARTON

Primary Care Provider Phone: (334) 244-3281

Primary Care Provider Fax: (334) 244-3396

Patient Name: MATTHEW KILLMEIR

DOB: 07/02/1968

Patient Phone: (205) 249-6565

Patient Address: 810 BRIGHTON AVE

PORTLAND, ME 04102

Pharmacy Address:

Pharmacy Phone: (334) 215-4381

55 RAY THORINGTON RD

MONTGOMERY, AL 36117-8935

Vaccine Administered	Dose	Injection Route / Site	Lot #	Date Administered	Manufacturer	Expiration Date
() COVID-19, mRNA, LNP-S, PF, tris-sucrose, 30 mcg/0.3	.30 ML	IM / LD	HH7595	09/29/2023	PFIZER US PHARM	12/31/2024
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