

Auburn Montgomery Warhawk Health Services

7461 East Dr STE 102
Montgomery AL, 36117-8092
(334) 244-3281

Date: 09/04/24

PATIENT: CHAFFIN, SERRA **DOB:** 09/18/1988 **Gender:** FEMALE **MRN:** 1693 **AGE:** 35 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Flu vaccine

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Junel 1.5/30 (21) 1.5 mg-30 mcg tablet (1 tablet daily)

Vyvanse 30 mg capsule (1 tablet daily)

amoxicillin 875 mg-potassium clavulanate 125 mg tablet (TAKE 1 TABLET BY ORAL ROUTE EVERY 12 HOURS)

diltiazem ER 360 mg tablet,extended release 24 hr (1 tablet daily)

ORDERS:

Immunization Injection Administration (1 unit(s)): Injection

Influenza virus vaccine (1 unit(s)): Immunizations

RESULTS:

Influenza virus vaccine:

Site Given: Left Deltoid

Dosage Given: 0.5 milliliter(s)

Administered By: Barton, Lindsey - CRNP

ASSESSMENT:

Z23 - Encounter for immunization (PRIMARY).

Electronically signed by Lindsey Barton, CRNP on 09/04/24 2:18 PM

L. Barton, DNP, CRNP