

Auburn Montgomery Warhawk Health Services

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

Date: 10/21/22

PATIENT: MENSE, HEIDI **DOB:** 06/12/1982 **Gender:** FEMALE **MRN:** 1989 **AGE:** 40 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Flu vaccine

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

cefдинир 300 mg capsule (TAKE 1 CAPSULE (300 MG) BY ORAL ROUTE EVERY 12 HOURS)
tobramycin 0.3 % eye drops (INSTILL 1 DROP INTO AFFECTED EYE(S) BY OPHTHALMIC ROUTE EVERY 4 HOURS
for 5-7 days)

ORDERS:

Influenza virus vaccine (1 unit(s)): Immunizations
Immunization Injection Administration (1 unit(s)): Injection

RESULTS:

Influenza virus vaccine:
Site Given: Left Deltoid
Dosage Given: 0.5 milliliter(s)
Administered By: Bicknell, Miranda - RN

ASSESSMENT:

Z23 - Encounter for immunization (PRIMARY).

Electronically signed by Lindsey Barton, CRNP on 10/21/22 10:07 AM

A handwritten signature in blue ink that reads "J. Barton, CRNP". The signature is written in a cursive, flowing style.