

Auburn Montgomery Warhawk Health Services

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

Date: 09/19/22

PATIENT: FREEMAN, JULIE **DOB:** 04/27/1957 **Gender:** FEMALE **MRN:** 278 **AGE:** 65 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Covid booster and Flu vaccine

Symptoms: none

ALLERGIES: Demerol; Lupron; Plaquenil

MEDICATIONS:

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

Bystolic 5 mg tablet (daily)

Medrol (Pak) 4 mg tablets in a dose pack (TAKE BY ORAL ROUTE AS DIRECTED PER PACKAGE INSTRUCTIONS)

Singulair 10 mg tablet

torseamide 5 mg tablet (10mg)

ORDERS:

COVID BOOSTER ADMIN (1 unit(s)): Office Procedure

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

COVID-19 Vaccine- Bivalent Booster- Pfizer (1 unit(s)): Immunizations

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

RESULTS:

COVID-19 Vaccine- Bivalent Booster- Pfizer:

Site Given: Right Deltoid

Dosage Given: 0.3 milliliter(s)

Administered By: Marzette, Daedra

Influenza virus vaccine:

Site Given: Left Deltoid

Dosage Given: 0.5 milliliter(s)

Administered By: Marzette, Daedra

ASSESSMENT:

Z23 - Encounter for immunization (PRIMARY).

Electronically signed by Lindsey Barton, CRNP on 09/19/22 3:44 PM

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