

Auburn Montgomery Warhawk Health Services

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

Date: 08/21/23

PATIENT: WILLIAMS, FRANK **DOB:** 08/15/1956 **Gender:** MALE **MRN:** 320 **AGE:** 67 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Flu vaccine

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Cialis 5 mg tablet (1 tablet daily (dose unknown))

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

azithromycin 250 mg tablet (TAKE 2 TABLETS (500 MG) BY ORAL ROUTE ONCE DAILY FOR 1 DAY THEN 1 TABLET (250 MG) BY ORAL ROUTE ONCE DAILY FOR 4 DAYS)

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: Bicknell, Miranda - RN

ASSESSMENT:

Z23 - Encounter for immunization (PRIMARY).

Electronically signed by Lindsey Barton, CRNP on 08/21/23 4:31 PM

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