

**Auburn Montgomery Warhawk Health Services**

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

**Date:** 09/19/22

**PATIENT:** FAIN, MARANDA    **DOB:** 01/20/1989    **Gender:** FEMALE    **MRN:** 5020    **AGE:** 33 Years

**VISIT TYPE:** Lab Only

**CHIEF COMPLAINT:** Flu vaccine

**ALLERGIES:** Augmentin ((Rash) or (C/O a rash))

**MEDICATIONS:**

ProAir HFA 90 mcg/actuation aerosol inhaler (INHALE 2 PUFFS (180 MCG) BY INHALATION ROUTE EVERY 4-6 HOURS AS NEEDED FOR SOB/WHEEZING)

**ORDERS:**

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

**RESULTS:**

Influenza virus vaccine:  
Site Given: Right 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 09/19/22 4:36 PM

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