

Auburn Montgomery Warhawk Health Services

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

Date: 09/23/22

PATIENT: HADDIX, PRYCE **DOB:** 03/08/1963 **Gender:** MALE **MRN:** 5051 **AGE:** 59 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Covid booster and Flu vaccine

Symptoms: none

Temp: 97.8

ALLERGIES: No Known Drug Allergies

ORDERS:

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: Left Deltoid

Dosage Given: 0.3 milliliter(s)

Administered By: Marzette, Daedra

Influenza virus vaccine:

Site Given: Right Deltoid

Dosage Given: 0.5 milliliter(s)

Administered By: Marzette, Daedra

ASSESSMENT:

Z23 - Encounter for immunization (PRIMARY).

Electronically signed by Lindsey Barton, CRNP on 09/23/22 11:25 AM

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