

Auburn Montgomery Warhawk Health Services

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

Date: 01/14/26

PATIENT: ULUS, YENER **DOB:** 05/05/1986 **Gender:** MALE **MRN:** 5415 **AGE:** 39 Years

VISIT TYPE: Lab Only

CHIEF COMPLAINT: Flu vaccine

Temp: 98

ALLERGIES: No Known Drug Allergies

MEDICATIONS:

Medrol (Pak) 4 mg tablets in a dose pack (TAKE BY ORAL ROUTE AS DIRECTED PER PACKAGE INSTRUCTIONS)
cephalexin 500 mg tablet (TAKE 1 TABLET (500 MG) BY ORAL ROUTE BID x 10 days)

ORDERS:

THERAPEUTIC INJECTION ADMIN (1 unit(s)): Injection
Influenza virus vaccine (1 unit(s)): Immunizations

RESULTS:

Influenza virus vaccine:
Site Given: Right Deltoid
Dosage Given: 0.5 milliliter(s)
Administered By: Marzette, Daedra

ASSESSMENT:

I10 - ESSENTIAL (PRIMARY) HYPERTENSION (PRIMARY).
Z23 - Encounter for immunization.

Electronically signed by Breena Till, CRNP on 01/14/26 8:46 AM

