

Progress notes (continued)

John Doe, NP at 01/01/2019 12:00 PM (continued)

Objective:

Assessment/Plan:

Vaccine administered in accordance with MinuteClinic guidelines.
Patient advised to contact VAERS if adverse event occurs.

Your Updated Medication List

Notice

As of 01/01/2019 12:00PM

You have not been prescribed any medications

To Do List

01/01/2019 12:00 PM

Appointment with John Doe, NP at MinuteClinic US1958 (555-111-5910)
123 MAIN ST
ANYTOWN USA 00001

Immunizations Administered

Name	Date	Dose	VIS Date	Route	Exp Date
VACCINE NAME; VACCINE BRAND	01/01/2019	0.5 mL	8/7/2015	Intramuscular	06/30/19

Site: Left deltoid
Given By: John Doe, NP
Manufacturer: ABC Pharm
Lot: X123456
NDC: 00001-001-01

Issues Addressed

Need for vaccination - Primary

Instructions

Seek immediate emergency medical attention if you experience severe or worsening abdominal pain, difficulty swallowing, stiff neck, shortness of breath, coughing or vomiting up blood, chest pain, increased fever, unexplained weight loss, or blood in stool.

For your safety, please remain in the clinic area for 15 minutes after receiving your vaccination. Notify the provider immediately if you experience difficulty breathing, weakness, hoarseness or wheezing, fast heartbeat, hives, dizziness, paleness, or swelling of the throat.

