

# IMMUNISATION PRINTOUT

Practice details:

Page 1

Printed on: June 22, 2007

HCN Samples Database  
 PO Box 4308  
 Manuka 2603  
 Phone: 02 6228 0800

Name/Address	D.O.B.	Sex	Medicare No.	Vaccine	Seq.	Date	Batch No.	Vaccinator
ANDREWS, MELISSA 5 JEFFERSON ST, PARKVILLE, 3156 Phone: 123 7874 Indigenous Status: NIL	19/01/1993	Female	6500225221	GARDASIL	1	22/02/2007	123456QS	Dr. A. Practitioner Prov.No.: 2426621B
Barrand, Sophie PO Box 2562, Darwin, 0800 Phone: 0889821050 Indigenous Status: Aborigina	16/04/1995	Female	3144122015	GARDASIL	1	01/01/2007	123456QS	Dr. I. Feelgood Prov.No.: 2426621B
Barrand, Sophie PO Box 2562, Darwin, 0800 Phone: 0889821050 Indigenous Status: Aborigina	16/04/1995	Female	3144122015	GARDASIL	2	21/02/2007	123456QS	Dr. A. Practitioner Prov.No.: 2426621B
Barrand, Tessi PO Box 2562, Darwin, 0800 Phone: 08 8982 1050 Indigenous Status: NIL	04/04/1993	Female	3144122015	GARDASIL	1	01/01/2007	123456QS	Dr. A. Practitioner Prov.No.: 2426621B
Barrand, Tessi PO Box 2562, Darwin, 0800 Phone: 08 8982 1050 Indigenous Status: NIL	04/04/1993	Female	3144122015	GARDASIL	2	08/02/2007	123456QS	Dr. A. Practitioner Prov.No.: 2426621B
Barrand, Tessi PO Box 2562, Darwin, 0800 Phone: 08 8982 1050 Indigenous Status: NIL	04/04/1993	Female	3144122015	GARDASIL	3	10/05/2007	123456QS	Dr. A. Practitioner Prov.No.: 2426621B