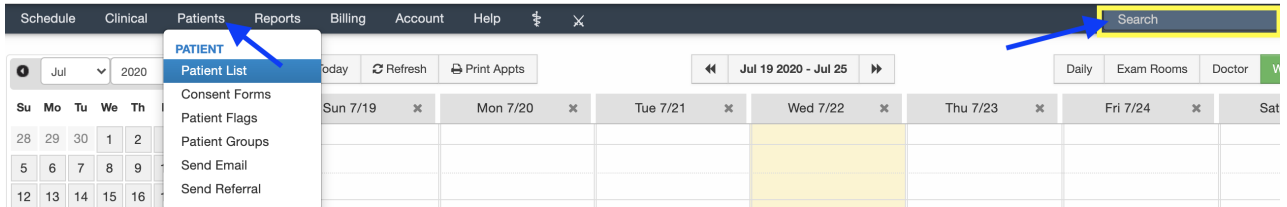


Immunization Records

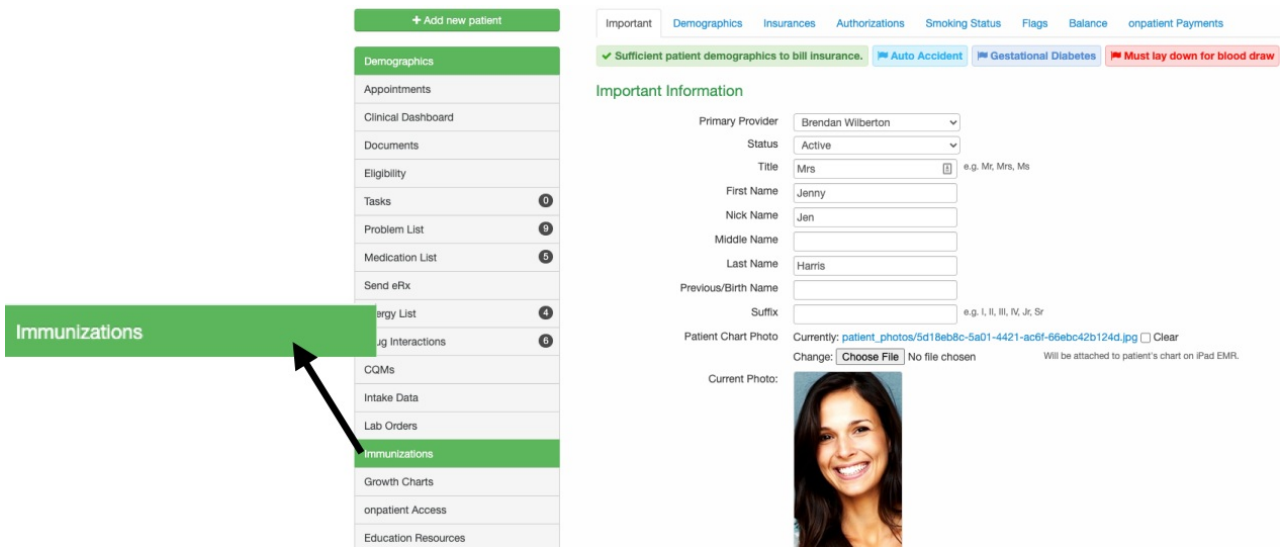
07/24/2024 6:10 pm EDT

You can document your immunizations in DrChrono as well as store the consent forms signed by the patient or their guardians.

1. Navigate to the patient's chart by going to **Patients > Patient List** or by using the **Search** field.



2. Click on the **Immunizations** tab.



3. You'll see a list of ages with drop-down boxes next to the age. Select the vaccine you wish to administer from the drop-down box and click **Select Vaccine**.

Step 1: Select Vaccines Step 2: Review and Sign Step 3: Record Vaccinations

Step 1. Select Vaccines

Birth - 2 years 2 - 18 years Adult Other Show Inactive Show Latest Records

Schedule	Vaccine	Cvx Code	Consent Form	VIS	Administered On	Administered By	Status
18 Years	VARICELLA	<input type="text"/>					Refuse
18 Years	HPV	<input type="text"/>					Refuse
18 Years	ZOSTER	<input type="text"/>					Refuse
18 Years	MMR	MMRV <input type="text"/>					Refuse
18 Years	PneumoPCV	<input type="text"/>					Refuse
18 Years	MENING	<input type="text"/>					Refuse
18 Years	HepA	<input type="text"/>					Refuse
18 Years	HepB	<input type="text"/>					Refuse
18 Years	HIB	<input type="text"/>					Refuse
18 Years	ZOSTER	<input type="text"/>					Refuse
18 Years	MeningB	<input type="text"/>					Refuse

→ Select Vaccines

4. The next tab will show the consent forms that your patient or their guardian may sign. Click the blue **Sign Consent Form** to have the forms signed, you could also upload a consent form from your computer, or click skip.

Immunizations Jump to

Step 1: Select Vaccines Step 2: Review and Sign Step 3: Record Vaccinations

Vaccine Information Statements

Please distribute the Vaccine Information Statement (VIS) for each of the following vaccines and have the patient/legal guardian(s) review them:

Information Statements

MMRV Vaccine VIS
MMRV ✕

Skip Sign Consent Form Upload Consent Form

Skip Sign Consent Form Upload Consent Form

5. The patient/guardian can either sign by drawing or type in their name. Once they're done, click the blue **consent** button.

Patient Vaccination Consent & Signature



My signature below signifies that I have read and received information about the diseases and vaccines listed below. I understand the benefits and risks of the vaccines cited, and ask that the vaccine(s) listed below be given to me or to the person named for whom I am authorized to make this request.

- MMRV

Print name

Jenny Harris

Type Signature

Draw Signature

Jenny Harris

I have read the vaccine information statements and agree to the above statement and acknowledging that this is my signature entered in this form.

Close

I Consent

6. This will lead you to the third tab, **Record Vaccinations**. Fill out the information and click the blue **Save** button when you're finished.

Create a Record For:

MMRV

Currently recording 1 of 2 vaccination records

Current Status

Vaccination Status:

Ordered By:

Administering Provider:

Entering Organization:

Entered By:

Administered on: 02/22/2024 17:29

Record Type:

CVX Code

CVX Code: 94

Name: MMRV

NDC:

CPT Code:

Manufacturer:

Lot Info

Lot number:

Lot expiration date:

Administered amount:

Administered units:

Vaccine route:

Vaccine site:

Vaccine inventory lot:

Funding Source:

Funding Eligibility:

Priority Group:

Observed Immunity:

Comments/Notes:

7. You will see a record-created message. The immunization can now be seen in the first tab with the information you filled out. You can make edits by clicking the **Edit** button or remove the record by clicking on the **Remove** button.

Create Vaccine Records

Consent form:

Record created for 94:MMRV

Immunizations

Jump to

Step 1. Select Vaccines

Birth - 2 years 2 - 18 years Adult Other

Show Inactive Show Latest Records

Schedule	Vaccine	Cvx Code	Consent Form	VIS	Administered On	Administered By	Status
18 Years	VARICELLA	<input type="text"/>					Refuse
18 Years	HPV	<input type="text"/>					Refuse
18 Years	ZOSTER	<input type="text"/>					Refuse
18 Years	MMR	MMRV	View	MMRV Vaccine VIS	10/8/21 2:28 PM	Brendan Wilberton	Complete Refuse



Patient/Guardian Refuses Immunization

1. If a patient/guardian refuses a vaccination, click on the red refuse button next to the vaccine.

2 - 4 Months ROTAVIRUS [Refuse](#)

2. This will create a popup where you can fill out the information as to why the patient/guardian refused. Click the blue "Save" button when you're finished

Refuse Immunization

Vaccination Status:

Reason for Refusal:

Other:

3. The information will appear next to the vaccination

2 - 4 Months	ROTAVIRUS	rotavirus, monovalent	Multi Pediatric Vaccines VIS	3/28/16 10:27 AM	Refused : Religious exemption	Edit Remove
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