Immunization File Specification

Field Name	Field Definition	Example Output
practice_id	Practice ID	1111
•	Date/time the	
	immunization was	
create_timestamp	created	2023-02-07 12:04:00
	Last modified date of	
modify_timestamp	the immunization	2023-03-15 07:24:00
y -	UUID of the	
immunization_uuid	immunization	7c367003-d310-4905-b339-94a0133a0ad8
patient_mrn	Patient MRN	MRN.1111.bdfa8669-5b51-45bc-ace8-f2fd0c12f41f
-	Patient's MEDENT	
MEDENT_id	account number	1250
	e-Superbill# for same	
	date/dr/loc as	
encounter_id	immunization	
_	Immunization	Influenza Virus Split 3 Yrs And Above For
description	description	Intramuscular Use
	Date the	
	Immuization/injection	
imm ordered date	was ordered.	2023-02-07
	Administered date of	
given_date	immunization	2023-03-15
	CPT Code from CPT	
cpt_code	fee line in master file	90658
	CVX code in	
	Immunization master	
cvx_code	file	141
_	Dose from	
dose	Immunization details	
	Lot # from	
lot_number	Immunization details	987654321
	Expiration date of the	
lot_number_exp	lot#	01/1/122
	Diluent Lot# field in	
	the immunization	
dil_lot_number	detail	56789
	Expiration date of the	
dil_lot_number_exp	diluent lot#	04/12/1224
	Manufacturer # from	
manufacturer	Immunization details	
	Route from	
route	immunization details	Intrahepatic Artery
	Site from	
site	immunization details	
vis_given_date	Date of VIS document	11/28.2023
admin_by_provider_id	MEDENT doctor	1
·	number for	
	administered by user,	
	if other provider is	
	marked and a	

	11.6.11	
	provider from the	
	referring master file is	
	selected then that	
	provider# should be	
	listed with an R in	
	front.	
	Refused date from	
refused_date	Immunization details	
	Refusal reason from	
refused_reason	immunization details	
	Reaction field in the	
reaction	immunization details	
	Doctor number for	
	the provider in the	
	Doctor section of the	
	immunization detail	
doctor	area	1
	Dr number of the	
	Supervising provider	
	in the Doctor section	
	of the immunization	
sdr	detail area	
	Location number	
	from the doctor	
	section of the	
	immunization detail	
loc	area	1
	1 if other provider has	
	been marked, 0	
other_provider	otherwise	0
•		