## Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology <a href="https://www.myobgynoffice.com">www.myobgynoffice.com</a>

## CONSENT FOR GARDASIL® VACCINATION

			Kristine Tibavisky MD, FACO Tara Ruberg MD, FACOG	)G
Patient Name	e:		Stephanie Figueria MD, JACO	)G
Patient ID#:	D.O.E	3	Hara Berger DO Rachel DeVaney CNM	
Human Papillomaviru	ne (injection/shot) that helps protect against f as (HPV). These diseases include some forms of the cervix, vagina, vulva and genital warts	s of cervical cancer, ab	Adrienne Bradley CNM Brenna Schulman ARNP	
harm. Some cause di When the virus does warts depending on t	as (HPV) is a common virus. There are many seases of the genital area. For most people, the not go away, it can develop into cervical can the HPV type. You may even benefit from Ga	he virus goes away on cer, precancerous lesic rdasil if you already ha	I its own. Jessica Hoke ARNP ions or genital have HPV.	
other sexually transm	vent these diseases, it does not treat them. Ga nitted diseases like Chlamydia, gonorrhea, he is causes by the certain types of HPV exposu	rpes, or HIV. It only pr		
regimen (1 <sup>st</sup> dose no dose now, 2 <sup>nd</sup> dose 1	w and second dose 6-12 months after dose	1). If you are 15 or ol	ge 9 through 14, you should receive a 2-dose older, you should receive a 3-dose regimen (1st deerstand to schedule appointments for myself	
			luminum hydroxyl phosphate sulfate, Sodium ot recommended for use in pregnant women.	
	ide effects of Gardasil <sup>®</sup> injection are fever, p eathing. Please alert your physician if you hav			
Gardasil <sup>®</sup> does not c transmitted diseases.	eliminate the need for continued gynecologic	al care, recommended	d Pap smears and screening for sexually	
involved in the vaccine	nd read the Gardasil <sup>®</sup> information page supplie e as discussed in the information page, and agree le effects, failures of vaccination, or any other pr	e not to hold Women's I	Health Partners LLC, or any of its employees	
INJECTION 1		INJECTION 2	 Signature: Patient/Parent/Guardian	
Date	Witness	Date	Witness	
INJECTION 3	Signature: Patient/Parent/Guardian			
Date	Witness			

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