	en's Health Partne	•	Samuel Kaufman MD, FACO Stewart P. Newman MD, FACO Jane E. Rudolph MD, FACO
	www.myobgynoffice.com CONSENT FOR GARDAS VACCINATION	SIL®	Gostal Arcelin MD, FACOG Lauren Feingold DO, FACOG Rachel K. Ciaccio MD, FACO Kristine Tibavisky MD, FACO
Patient Nam	e:		Tara Ruberg MD, FACOG Stephanie Figueira MD, JACO
Patient ID#:	D.O.E	3	Hara Berger DO Rachel DeVaney CNM Laurie Gibbons CNM
uman Papillomavirus (HPV). These diseases include some forms of cervical cancer, abnormal Adrienne Bradley CNI			used by Tyler Halvaskz CNM
arm. Some cause di When the virus does	us (HPV) is a common virus. There are many iseases 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 its icer, precancerous lesions	own. Jessica Hoke ARNP or genital
ardasil <sup>®</sup> helps pre- ther sexually transm	vent these diseases, it does not treat them. Ga nitted diseases like Chlamydia, gonorrhea, he s causes by the certain types of HPV exposu	ardasil <sup>®</sup> does not preven rpes, or HIV. It only prot	tany
egimen (1 <sup>st</sup> dose no ose now, 2 <sup>nd</sup> dose	s an injection in 2 or 3 doses, depending on y ow and second dose 6-12 months after dose 1-2 months after dose 1, and 3 <sup>rd</sup> dose 6 mon d for the follow-up dose(s).	1). If you are 15 or olde	r, you should receive a 3-dose regimen (1 <sup>st</sup>
	ot be given if you are allergic to any of the fol stidine, Polysorbate 80, Sodium Borate and V		
	ide effects of Gardasil <sup>®</sup> injection are fever, p eathing. Please alert your physician if you hav		
ardasil <sup>®</sup> does not ansmitted diseases.	eliminate the need for continued gynecologic	al care, recommended Pa	ap smears and screening for sexually
volved in the vaccin	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 Hea	alth Partners LLC, or any of its employees
<b>INJECTION 1</b>	Signature: Patient/Parent/Guardian	INJECTION 2	ignature: Patient/Parent/Guardian
Date	Witness	– Date V	Vitness
<b>INJECTION 3</b>	Signature: Patient/Parent/Guardian		
 Date	Witness		
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