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HPV VACCINE PATIENT CONSENT

I have read the handout on Gardasil (Quadrivalent Human Papillomavirus Vaccine).

Gardasil is a series of 3 doses:

1st dose: Date you choose.

2nd dose: 2 months after 1st dose.

3rd dose: 4 months after 2nd dose.

I understand that insurance may not cover this expense and I will pay for the vaccine in full if it does not. I understand that it is currently FDA approved only for women between the ages of 9 and 26 years.

I desire the vaccine. _____

I have been informed about the vaccine and decline. _____

Signature of Patient/Guardian; _____

Date: _____

Witness: _____

Date: _____