

Women's Health Partners, LLC

Diplomates of the American Board of Obstetrics & Gynecology
www.myobgynoffice.com

CONSENT FOR GARDASIL® VACCINATION

Patient Name: _____

Patient ID#: _____ D.O.B. _____

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Gardasil® is a vaccine (injection/shot) that helps protect against female genital disease caused by Human Papillomavirus (HPV). These diseases include some forms of cervical cancer, abnormal precancerous lesions of the cervix, vagina, vulva and genital warts.

Human Papillomavirus (HPV) is a common virus. There are many types of HPV. Some cause no harm. Some cause diseases of the genital area. For most people, the virus goes away on its own. When the virus does not go away, it can develop into cervical cancer, precancerous lesions or genital warts depending on the HPV type. You may even benefit from Gardasil if you already have HPV.

Gardasil® helps prevent these diseases, it does not treat them. Gardasil® does not prevent any other sexually transmitted diseases like Chlamydia, gonorrhea, herpes, or HIV. It only protects against those diseases caused by the certain types of HPV exposure.

Gardasil® is given as an injection in 2 or 3 doses, depending on your age. If you are age 9 through 14, you should receive a 2-dose regimen (1st dose now and second dose 6-12 months after dose 1). If you are 15 or older, you should receive a 3-dose regimen (1st dose now, 2nd dose 1-2 months after dose 1, and 3rd dose 6 months after dose 1). I understand to schedule appointments for myself or for my minor child for the follow-up dose(s).

Gardasil® should not be given if you are allergic to any of the following substances: Aluminum hydroxyl phosphate sulfate, Sodium Chloride (salt), L-Histidine, Polysorbate 80, Sodium Borate and Water. Gardasil® is not recommended for use in pregnant women.

The most common side effects of Gardasil® injection are fever, pain, swelling, itching and redness at the injection site. A rare side effect is difficulty breathing. Please alert your physician if you have any unusual or severe symptoms.

Gardasil® does not eliminate the need for continued gynecological care, recommended Pap smears and screening for sexually transmitted diseases.

I have been supplied and read the Gardasil® information page supplied by the manufacturer. I or my legal guardian understands the risks involved in the vaccine as discussed in the information page, and agree not to hold Women's Health Partners LLC, or any of its employees responsible for any side effects, failures of vaccination, or any other problems associated with the administration of the vaccine.

INJECTION 1 _____

Signature: Patient/Parent/Guardian

Date

Witness

INJECTION 2 _____

Signature: Patient/Parent/Guardian

Date

Witness

INJECTION 3 _____

Signature: Patient/Parent/Guardian

Date

Witness

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