

# Karle Medical Group, P.C.

455 Barclay Circle, Suite D

Rochester Hills, MI 48307

T: 248-852-9596 | F: 248-852-9453

Christine L. Karle, D.O.

Bridget C. Karle, M.D.

Kristie Burkland, N.P.C.

Denise Gavorin, D.O.

Rabia A. Cacco, M.D.

Tracey R. Ticcony, N.P.C.

Malaz Alatassi, M.D.

Molly Bylsma, N.P.C.

Amir Sankari, M.D.

## Vaccine Consent/ Responsibility/ Authorization

Printed Patient Name: \_\_\_\_\_

Patient DOB: \_\_\_\_\_ Date: \_\_\_\_\_ MA Initials: \_\_\_\_\_

### *Vaccine Information:*

1) Today you are receiving the vaccination: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

1) Lot Number: \_\_\_\_\_ Vaccine Expiration Date: \_\_\_\_\_

2) Today you are receiving the vaccination: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

2) Lot Number: \_\_\_\_\_ Vaccine Expiration Date: \_\_\_\_\_

3) Today you are receiving the vaccination: \_\_\_\_\_ Manufacturer: \_\_\_\_\_

3) Lot Number: \_\_\_\_\_ Vaccine Expiration Date: \_\_\_\_\_

The vaccine may be a **single dose** or require **multiple doses** over the course of the next 3 to 6 months. Please make sure that you understand the requirements of the particular vaccine you are receiving today before you leave the office.

The **Adult Hepatitis B** and **Cervarix** vaccines are given in three (3) doses over the course of six months. Your schedule should adhere to the following interval.

First dose: \_\_\_\_\_ Second dose: \_\_\_\_\_ Third dose: \_\_\_\_\_

**Today**

**1 month**

**6 months**

The **Gardasil** vaccine is given in three (3) doses over the course of six months. Your schedule should adhere to the following interval.

First dose: \_\_\_\_\_ Second dose: \_\_\_\_\_ Third dose: \_\_\_\_\_

**Today**

**2 months**

**6 months**

I have read the patient information sheet and would like to receive this vaccination. If the costs of the vaccine, and/or with any administration fees, are not covered by my Health Insurance Company, I and/or my parent/guardian agree to pay for the full price of the vaccine and its administration at the time of the first dose. I understand that if the intended recipient of the HPV vaccination is outside of the ages 9-26 years old, it is unlikely that any insurance will cover the cost of either fee.

\_\_\_\_\_  
Patient/Parent/Guardian/Responsible Party

\_\_\_\_\_  
Date