

3409 West 12600 South Suite #110
Riverton, Utah 84065

Office 801-302-5777
Fax 801-302-5666



JULIE JONES CNM, MS
MANDY JOHNSON WHNP, MS

PAULA THACKER APRN, CNM, WHNP
ELIZABETH HARMER CNM, WHNP

Consent To Receive Gardasil Injection

My Signatures Below Indicate:

- *That I have read the Gardasil Patient Information sheet regarding the Gardasil Vaccine.
- *I understand the risks and benefits of the Gardasil Vaccine.
- *I have had all my questions answered to my satisfaction and give my consent for (myself/daughter) to receive the Gardasil Vaccine today.

You are required to read the information sheet and sign each time you receive the Gardasil vaccine.

Patient Signature Date
1st Vaccine

Witness Signature Date

Patient Signature Date
2nd Vaccine

Witness Signature Date

Patient Signature Date
3rd Vaccine

Witness Signature Date