

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.

Tracey R. Ticcony, N.P.C.

Malaz Alatassi, M.D

Molly Bylsma, N.P.C.

Amir Sankari, M.D.

Lindsay Runft, D.N.P.

Gardasil Vaccine Responsibility / Authorization

Patient Name: _____

Patient DOB: _____

Today's Date: _____

Gardasil Vaccine:

The Gardasil vaccine is given in three (3) doses over the course of six months.

First dose given during today's office visit: _____

Second dose given two (2) months after the first dose: _____

Third dose give six (6) months after the first dose: _____

Karle Medical Group, P.C. will bill the administration fee (CPT 90471) in addition to the vaccine itself for the Gardasil vaccine (CPT 90649) to your insurance company.

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 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