Appletree
Medical Group

HPV Vaccination Clinic

Appointment Request

Patient Name: _____ Date of Birth: _____

Address: _____ Phone: _____

Referring Physician: _____

Cervarix®
Human Papillomavirus Bivalent (Types 16 and 18) Vaccine, Recombinant

$130/Dose

GARDASIL® 9
[Human Papillomavirus 9-valent Vaccine, Recombinant]

$195/Dose

Cervarix (0.5cc IM)

3 Doses

- ○ 0 Months
- ○ 1 Month
- ○ 6 Months

Reffering Physician Signature:

_____

Gardasil (0.5cc IM)

3 Doses

- ○ 0 Months
- ○ 2 Months
- ○ 6 Months

Reffering Physician Signature:

_____

Complete the form and fax to:

Ottawa: 613.604.0277 or **GTA:** 647.490.6330

Patients will be contacted within 48 hours to book all appointments.