

## HPV Vaccine Reminder

Protect yourself! Get all 3 doses.\*

**1st**

\_\_\_\_\_ Date of 1st dose

**2nd**

\_\_\_\_\_ 1-2 months after 1st dose

**3rd**

\_\_\_\_\_ 6 months after 1st dose

\_\_\_\_\_  
Name

\_\_\_\_\_  
Clinic Phone number

\*This schedule is for teens 15-years old or older.

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