**HPV Vaccination Notification – Multiple Doses**

**Practice Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please enter details of one dose per row.

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| **Name and Address** | **Date of Birth** | **Gender (M/F)** | **Medicare Number** | **ATSI (See key below)** | **Vaccine (Gardasil or Cervarix)** | **Dose Number** | **Dose Date** | **Batch Number** | **Provider Name** | **Provider Number** |
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**Key:**

**ATSI** – **A** (Aboriginal); **T** (Torres Strait Islander); **ATSI** (Both Aboriginal and Torres Strait Islander); **N** (Neither); **Y** (Aboriginal OR Torres Strait Islander); **U** (Unknown)

**To return this form – FAX: (03) 8360 8699 or MAIL: Reply Paid 725, Sunshine VIC 3020**

**For assistance or enquiries please call 1800 478 734 (1800 HPV REG) or visit** [**www.hpvregister.org.au**](http://www.hpvregister.org.au)