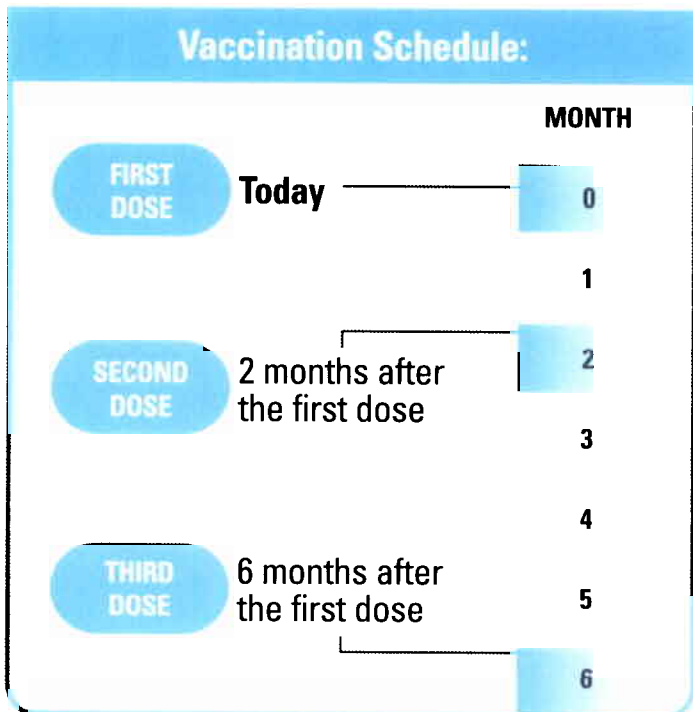


# 3 IS KEY: MAKE YOUR NEXT 2 APPOINTMENTS TODAY AND WE'LL HELP YOU REMEMBER THEM.

Congratulations on getting vaccinated with GARDASIL.

As you may already know, GARDASIL is given as 3 injections over 6 months (0, 2 months, 6 months). Getting all 3 doses will allow you to get the full benefits. So it's important to know when you're due for your next doses.



GARDASIL is the only cervical cancer vaccine that helps protect against 4 types of human papillomavirus (HPV): 2 types that cause 70% of cervical cancer cases, and 2 more types that cause 90% of genital warts cases. GARDASIL is for girls and young women ages 9 to 26.

## DON'T FORGET

We know you're already taking time out of your busy schedule to get vaccinated with GARDASIL. So, we'd like to help you out by reminding you when it's time for your next dose—it can be 1 less thing for you to think about.

## IMPORTANT INFORMATION ABOUT GARDASIL

Anyone who is allergic to the ingredients of GARDASIL should not receive the vaccine. GARDASIL is not for women who are pregnant.

GARDASIL will not treat cervical cancer and genital warts. GARDASIL may not fully protect everyone, and GARDASIL does not prevent all types of cervical cancer, so it is important to continue regular cervical cancer screenings.

GARDASIL will not protect against diseases caused by other types of HPV or against HPV types to which you have already been exposed. GARDASIL can cause pain, swelling, itching, and redness at the injection site, fever, nausea, dizziness, vomiting, and fainting.

Only a doctor or health care professional can decide if GARDASIL is right for you.

**Please read the accompanying Patient Product Information and Prescribing Information.**

  
**GARDASIL**  
[Human Papillomavirus Quadrivalent  
(Types 6, 11, 16, and 18) Vaccine, Recombinant]

## WANT TO BE REMINDED?

Take one of these simple steps:

- To be reminded by mail  and/or e-mail,  read, complete, and return the attached card or visit [gardasil.com/3iskey](http://gardasil.com/3iskey).
- To activate text message reminders,  read the attached card and see the instructions at the bottom next to the cell phone icon.



# 3 IS KEY: LET US REMIND YOU

For mail or e-mail reminders:  
Tell us a little about yourself below and we'll make sure to remind you when it's time for your next 2 appointments

## PLEASE TELL US A LITTLE ABOUT YOU OR YOUR DAUGHTER:

Patient first name

MI

Patient last name

Address

Address

City

State

ZIP

Birth date (Month) (Day)

(Year)

## PLEASE FILL IN THE DAY YOU HAD YOUR FIRST OF THREE APPOINTMENTS:

(Month)

(Day)

(Year)

I would like to be contacted by (choose all that apply):

E-mail  Mail

E-mail address

GL075

## TO RECEIVE REMINDERS BY MAIL, E-MAIL, OR TEXT MESSAGE, PLEASE REVIEW AND FOLLOW THE INSTRUCTIONS BELOW.

I agree to permit the Merck & Co., Inc., family of companies (collectively, "Merck") or others working on behalf of Merck to provide reminder communications about second and third appointments for GARDASIL. I also understand that the information I provide will be used by Merck or those working on behalf of Merck for market research purposes. A copy of Merck's full Privacy Statement may be obtained by visiting [www.merck.com/policy/privacy](http://www.merck.com/policy/privacy).

At any time, I can request a copy of the permissions I have given and ask that personal information about me be removed from the "3 IS KEY" Reminder Program by calling 1-888-776-8364. I understand that unless I change my permissions sooner, they will expire 1 year after Merck no longer offers the "3 IS KEY" Reminder Program.



For mail or e-mail reminders **sign and date below** to acknowledge your permissions, and return this card by mail



For text message reminders, instead of signing below to acknowledge your permissions, you can opt in by texting **REMIN** to **GARSL (42775)** from your cellular phone within 14 days after your first appointment. Standard text message charges may apply. Ask your wireless provider about any additional costs associated with receiving text messages

Signature\* \_\_\_\_\_ Date \_\_\_\_\_

\*If you are unable to sign, a legal representative, or parent (if you are a minor), may sign on your behalf.

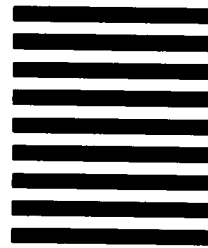
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