Gynecologic Specialists of Brevard, LLC
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Dear Patient:

At Gynecologic Specialists of Brevard, LLC, we pride ourselves on offering our patients the most advanced preventative care available. We offer our patients the only FDA-approved high-risk HPV test. This test is highly sensitive viral test used in conjunction with a Pap test for cervical cancer screening in women aged 30 and older. Persistent infection with high-risk human papillomavirus (HPV) is the primary cause of cervical cancer. A few important things to know about HPV and cervical cancer screening:

- Most women will have HPV at some point during their lives but very few will develop cervical cancer.
- Cervical cancer develops if an HPV infection persists for many years.
- The Pap test looks for abnormal cell changes on the cervix that occur as a result of persistent high-risk HPV infection. The HPV test looks for an HPV infection.
- When used together, these tests can show with nearly 100% certainty that you do not have cervical disease. Women, who test negative for high-risk HPV, and have a normal Pap test, have virtually no risk of developing cervical cancer before their next scheduled visit.
- Knowing your HPV status helps you and your provider determine how often you should be screened. Early detection of pre-cancerous cell changes is the key to preventing cervical cancer.
- Your HPV status is not a reliable indicator of you or your partner's sexual behavior. HPV can be dormant in cervical cells for many years before becoming an active infection.

Most insurance companies cover the high-risk test when used with a Pap test for cervical cancer screening of women 30 or older. However, the individual benefits you or your employer purchased may or may not cover the test. If the test is not paid for by your insurance company, you will receive a bill from the laboratory. The approximate cost of the test is $165 or more.

Please place a check beside one of the options below:

_____I have read the above information and **AGREE** to have the HPV test with my Pap test. I also agree to pay for the HPV test should my insurance not cover the cost.

_____I have read the above information and **DO NOT** wish to have the HPV test at this time.

_____ Date: _____
Patient Signature

_____
Patient Name (please print legibly)

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