

Burlington IUC & Implant Centre of Excellence

Alton Village Medical Centre

4265 Thomas Alton Blvd Burlington ON L7M0M9

9053352577 2897142699

Referral Form	
Date of referral:	
PATIENT INFORMATION OR AFFIX LABEL	
Patient Name:	OHIP#:
Phone Number:	Date of birth:
Address:	Email address:
REFERRING PHYSICIAN INFORMATION OR STAMP	
Referring Physician:	Billing #:
Phone Number:	Fax Number:
Clinic name &Address:	Signature Required
PROCEDURE RE	OUESTED
Initial consultation and procedure by Dr Saad Yasin (Male)	
Copper /Mirena/Kyleena Intrauterine Device (IUD) Insertion: 2 appointments (Consultation followed by Insertion appointment IUD Insertion Only * IUD Removal Subdermal Implant (NEXPLANON) Insertion: 2 appointments (Consultation followed by Insertion appointment Implant Insertion Only * Implant Removal	*When a prescription of IUD or Nexplanon is issued by referring physician, It is assumed that patient was provided counseling including, at the time of appointment, patient is not pregnant. (She has no symptoms or signs of pregnancy and meets any one of the following criteria: • is ≤7 days after the start of normal menses • has not had sexual intercourse since the start of last normal menses • has been correctly and consistently using a reliable method of contraception • is ≤7 days after spontaneous or induced abortion • is within 4 weeks postpartum • is fully or nearly fully breastfeeding (exclusively breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum
Endometrial biopsy (Pipelle) Menopause Contraception counselling and options Document attached (optional) USS PAP Blood result CT/MRI Other	
Please Note: Our office will contact your patient with an appointment date and time. If you would like any information, please email at altonvillagemedical@gmail.com or call 9053352577. All consult notes will be sent to your office via fax after each patient visit. Copies of this Referral form can be downloaded on our website at www.altonvillagemedicalcentre.ca.	

Please FAX Referral to: 2897142699



