



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 REQUESTED

Initial consultation and procedure by Dr Saad Yasin (Male)

EMERGENCY CONTRACEPTION (Please call at 905335-2577 to book an appointment)

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

- PAP
- Endometrial biopsy (Pipelle)
- Menopause
- Contraception counselling and options
- Document attached (optional) USS PAP Blood result CT/MRI Other

***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

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

