

Burlington IUC & Implant Centre of Excellence Alton Village Medical Centre

Referral Form

Date of referral:	
REFERRING PHYSICIAN OR STAMP	PATIENT INFO OR AFFIX LABEL
Referring Physician: Billing #: Phone Number: Fax Number: Clinic name: Signature Required:	Patient Name: OHIP#: Phone Number: Date of birth: Address: Email address:
PROCEDURE REQUESTED Initial consultation and procedure by Dr Saad Yasin (Male family Physician)	
EMERGENCY CONTRACEPTION (Please call at 905335-2577 to book an appointment)	
Copper /Mirena/Kyleena Intrauterine Device (IUD)	* When a prescription of IUD or Nexplanon is issued by
Insertion: 2 appointments	referring physician, It is assumed that patient was provided counseling including , at the time of
(Consultation followed by Insertion appointment	appointment, patient is not pregnant. (She has no
IUD Insertion Only *	symptoms or signs of pregnancy and meets any one of the
IUD Removal	following criteria: • is ≤7 days after the start of normal menses
Subdermal Implant (NEXPLANON)	has not had sexual intercourse since the start of last normal menses
Insertion: 2 appointments (Consultation followed by Insertion appointment	has been correctly and consistently using a reliable method of contraception
Implant Insertion Only *	• is ≤7 days after spontaneous or induced abortion
Implant Removal	 is within 4 weeks postpartum is fully or nearly fully breastfeeding (exclusively
PAP	breastfeeding or the vast majority [≥85%] of feeds are breastfeeds), amenorrheic, and <6 months postpartum
Endometrial biopsy (Pipelle)	

Please FAX Referral to: 289 714 2699

PAP

Blood result

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Contraception counselling and options

Document attached (optional)

Copies of this Referral form can be downloaded on our website at www.altonvillagemedicalcentre.ca.

Burlington IUC & Implant Centre of Excellence is proud to be one of the Rapid Access IUC and Implant Centres of Excellence in Canada



CT/MRI