Burlington IUC & Implant Centre of Excellence
Alton Village Medical Centre
4903 Thomas Alton Blvd Burlington ON L7M0W8
9053352577 2897142699

Date of referral:

Referral Form

(Short wait time)

(Consultation and procedure is provided by Female and male physicians)

Referring Physician: _____
Billing #: _____
Phone Number: _____
Fax Number: _____
Clinic name: _____
Signature Required: _____

Patient Name: _____
OHIP#: _____
Phone Number: _____
Date of birth: _____
Address: _____
Email address: _____

☐ EMERGENCY CONTRACEPTION
(Please fax and ask patient to call at 9053352577 to book an appointment)

☐ Intrauterine Contraception (Consultation Included) ☐ Copper ☐ Mirena ☐ Kyleena

☐ Insertion ☐ Removal ☐ Replacement

☐ Subdermal Implant/NEXPLANON (Consultation included)

☐ Insertion ☐ Removal ☐ Replacement

☐ Contraception counselling and options

☐ Endometrial biopsy (Pipelle) ☐ PAP Test

☐ Document attached (optional) ☐ USS ☐ PAP ☐ Blood result ☐ CT/MRI ☐ Other

Comments: _____

Please FAX Referral to: 289 714 2699

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

RAIICE

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