

WINDERMERE PLAZA MEDICAL CLINIC

Unit 212, 5540 Windermere Blvd SW
Edmonton, Alberta T6W 2Z8
Tel: (780) 466-6236 Fax: (780) 466-6714

IUD CLINIC REFERRAL FORM

Date of Referral (DD/MMM/YY):

PATIENT INFORMATION		REFERRING PROVIDER INFORMATION	
Name		Name	
DOB (DD/MMM/YY)		PRACID	
Address		Address	
City		City	
Province	Postal Code	Province	Postal Code
Phone		Phone	
PHN		Fax	

Reason for Referral (Check all that apply):

- IUD Consult Only
Patients will be provided with a prescription for their preferred IUD at their consultation appointment
- IUD Consult & Insertion (same-day insertions available)
Patients will be provided with a prescription for their preferred IUD at their consultation appointment
- STI Testing
- Pap Test

Referring physicians are not required to perform routine investigations prior to referral unless clinically indicated.

Other Pertinent Clinical Information: