DR. E. SAWYERS. MD, CCFP, FCFP.

Medicine Professional Corporation

Family Medicine

801-1081 Carling Ave, Ottawa On. K1Y 4G2

PH: 613-725-2334, **Fax:** 613-725-1947

www.drsawyers.ca

IUD/IUS/Endometrial Biopsy Referral Form

Referring Physician: **Billing#:**

Patient Name: **HCN/VC:**

Address:

DOB: **Phone:** **E-mail:**

REASON FOR REFERRAL

- ☐ **NEW IUD CONSULT/PLACEMENT**
- ☐ **IUD CHANGE (INDICATE TYPE OF IUD)**
- ☐ **ENDOMETRIAL BIOPSY**

HPI

PAST MEDICAL HISTORY

MEDICATIONS

ADR

PAST PAP (Date, Result)

DATE:

SIGNATURE: