BeWell Medical Clinic

Nazanin Baradaran M.D., C.C.F.P.

Referral Form

IUD and Women's Health Procedures

Date: .....

Patient Information:

(place label here)

Name: ..... Date of Birth: .....

PHN #: ..... Cell/Phone#: .....

Address: .....

Thank you for referring your patient for *(check all that apply):*

1) IUCD

☐ Consultation ☐ Insertion ☐ Removal

2) Contraceptive Implant (Nexplanon):

☐ Consultation ☐ Insertion ☐ Removal

3) Other Procedures:

☐ Cervical Polypectomy ☐ Endometrial Biopsy

Any Relevant History: .....

Referring Physician Information:

(place stamp here:)

Name: ..... MSP Billing #: .....

Phone #: ..... Fax: .....

Address: .....

Signature:

Please FAX referrals to **(604) 770 0165**

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