

Dr. Michelle Huget (MSP:37606)
Dr. Karen Van Wyk (MSP: 64377)

Referring Doctor

Doctor: _____ MSP: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Phone: _____ Fax: _____ Date: _____

Patient Demographics

Last Name: _____ First Name: _____
Date of Birth: _____ Gender: _____ Pronouns: _____
Address: _____
City: _____ Province: _____ Postal Code: _____
Email: _____ Phone: _____

IUD Services and other Contraception

- IUD Consultation IUD Insertion IUD Follow-up
- IUD Removal IUD Removal and Replacement
- *Emergency IUD insertion (effective up to 7 days from unprotected intercourse)
 Referring office must call and fax urgent requests.

OTHER Services

- Gentle PAP Perimenopause Menopause
- Transcare hormone maintenance PCOS

Other hormonal concerns

Complex Pelvic Exam

Contraception Counselling

Other Gynecologic Health

Menstrual Cycle Concerns

Pessary changes

Referral Instructions:

Please attach all relevant information. BMI, LMP, Gravidity, Parity, current medications, relevant consultations, most recent pap report and pelvic ultrasound (if applicable).

We will notify patient with appointment date and time.

Consultation letter to be sent to GP ___ Yes or ___ No