



The IUD Clinic

Dr. Michelle Gerber (MSP:23847)

The IUD Women's Clinic
22190 48 Ave Langley City
BC V3A 3N5

T: 604-546-2190
F: 604-409-3979
www.theiud-clinic.com



PLEASE FAX FORM TO 604 - 409 - 3979 WE WILL CONTACT YOUR PATIENT WITH AN APPOINTMENT
PLEASE COMPLETE IN FULL & PRINT CLEARLY / INCOMPLETE REFERRALS WILL BE RETURNED

Referring Health Care Provider GP NP MW

Name: _____ Billing #: _____

Address: _____
Street City Province Postal Code

Phone: _____ Fax: _____

Patient

Full Legal Name: _____ Care Card #: _____
Last First Middle

Date of Birth: _____ Address: _____
Month Day Year Street City

Province Postal Code Phone: _____ Email: _____
(MANDATORY)

REASON FOR REFERRAL

IUD Reason for IUD: Contraception Menstrual difficulties Patient on ERT
(irregular, heavy or (MIRENA IUS for
painful menses) endometrial protection)

Consultation Insertion Replacement

Removal Follow up Emergency IUD insertion
(Limited to patient's (up to 7 days from UPIC)
previously seen at our office) * Please call our office to avoid
delay in care

Nexplanon

Consultation Insertion

Replacement Removal

Follow up (Limited to patient's
previously seen at our office)

Rx provided Yes No

Please note: We only insert certain brands of Copper IUDs: Mona Lisa 5 Mini, Mona Lisa 5 Std.
Liberte UT 380 Short, Liberte UT 380 Std and Ballerine IUB (all listed CU IUDs are a benefit of
Ministry except Ballerine which can be purchased directly at our office)

Rx provided Yes No

Current contraception

None Condoms COCP/Patch DMPA Mirena Kyleena Jaydess CU IUD Nexplanon Tubal Ligation
/Ring/POP /Salpingectomy

BMI Height: _____ Weight: _____ (Refer to BCWH BMI > 45)

Nulliparous G P L MA/TA SA SVD CXN

Postpartum Patient Date of Delivery: _____ SVD CXN

Relevant History

Attach relevant pelvic imaging and Pap test results

Referring Practitioner Signature _____ Date _____

SPECIAL CONSIDERATIONS

1. Does this patient have a disability Yes No Nature of disability: _____

2. Does this patient have transfer requirements Yes No Please explain: _____

We require 4 business days notice in order to change or cancel an appointment. Fees apply for all short notice cancellation and missed appointments. We will notify your patient with the appointment date and time and all pre-appointment instructions.