

Dr. Grace Yeung HBSc, MD, MHM, FRCSC

Obstetrics & Gynecology
Minimally Invasive Surgery
www.obgyngracey.com

1275 Finch Ave West, Suite 107
Toronto, Ontario M5A 0M4

Phone: (647) 341-0281
Fax: (647) 361-0451
info@obgyngracey.com

For referral forms: www.obgyngracey.com

Provider Name: _____	First Name: _____
Billing #: _____	Last Name: _____
Fax: () _____	DOB (DD/MM/YY): ____/____/____
Phone: () _____	Address: _____
Address: _____	Home #: () _____
_____	Cell #: () _____
_____	Health Card #: _____ VC: _____ Expiry: _____

Referring Provider Information (or affix stamp):

Patient Information (or affix stamp):

Referral instructions:

1. Fax this referral form to **(647) 361-0451**
2. Include copies of all appropriate test results
3. Office will return a fax to the referring provider with patient appointment time

For healthcare practitioners who do not insert IUD's (e.g. Mirena/Jaydess/Kyleena/Copper/Other) or have patients in whom insertion may be difficult.

Note: *This referral form is not to be used for patients who require management of menorrhagia, abnormal uterine bleeding and/or dysmenorrhea.*

IUD INSERTION REFERRAL FORM Referral Date (DD/MM/YY): ____/____/____

Please complete the following:

Patient has been informed of:

- Effectiveness and failure rate
- Safety
- Duration of use
- Return to fertility
- Potential side effects
- Potential changes to menstruation (amenorrhea with Mirena, hypomenorrhea with Jaydess/Kyleena) irregular spotting for 3 months post insertion
- Risks of insertion (infection, uterine perforation, spontaneous expulsion, vaso-vagal response)

Mandatory Patient Screening:

(please fax with referral)

- Pap smear within last 3 years
- Negative urine screening for gonorrhea and chlamydia in the last 3 months

Patient Preparation:

1. Please prescribe **600mg of ibuprofen** for patient to take one hour before insertion
2. Please give the patient a script for the IUD
3. If patient is nulliparous, or has not had a vaginal delivery, please prescribe **Cytotec 200 mcg**, 2 tabs high in the vagina the night before insertion and 2 tabs high in the vagina the morning of insertion

Once the referral form and accompanying tests have been sent, please have the patient call on the **first day of their period at (647) 341-0281**. An appointment will be attempted to be scheduled within 4-8 weeks of referral date. **Under no circumstances will the IUD be inserted if there is any chance of pregnancy. As such, please ensure the patient is using effective contraception until their appointment.**

Please fax completed referral form to **(647)361-0451**. Fax Disclaimer: This fax transmission contains confidential information that is intended only for Dr. Grace Yeung Medicine Professional Corporation. If you are not the intended recipient, you are hereby notified that any disclosure, copying or distribution of the contents of this fax is strictly prohibited. If you have received this fax transmission in error, please immediately notify the referring health practitioner at the telephone number provided above to arrange for the return or destruction of this document.