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Billing #062745

Referral For IUD Placement

Patient Information

Name:

Date of Birth:

HCN:

Phone Number:

Address:

Email:

Referring HCP

Name:

Billing #:

Fax:

Please see this woman for IUD placement for:

Contraception

Nulliparous

Parous

**Menstrual Management
(LNG IUS 52 mg)**

**Please do Endometrial Biopsy if
indicated/possible**

Relevant Medical History

Medications

Allergies

(please check one)

Consult only

Consult + Insertion

RX already Provided: Y N

(check appropriate device prescribed below)

IUD to be prescribed at visit Y N

Copper IUD

MonaLisa 5 MonaLisa 5 Mini

Progesterone Containing IUD

Kyleena Mirena

You will be provided with a report and consult note.
If your patient is part of a FHT/FHO model, there will be no negation.