

DR. KATE PIZZUTO

Obstetrics & Gynecology
8333 Weston Road, Suite 307
Woodbridge, ON
L4L 8E2
Tel: 905 850 5556 x 2
Fax: 905 850 5625

IUD/CONTRACEPTION REFERRAL

Referral Date: _____
Patient Name: _____
DOB: _____
HCN: _____
Phone #: _____
Email: _____

Patient Label

Reason for Referral:

☐ **IUD Insertion Only**

**Wait List 4-8wks*

Rx for _____ IUD provided

☐ **Contraception Counselling**

** Wait List ~6 months*

For IUD insertion ONLY, please complete and return the following:

Patient Preparation:	Mandatory Patient Screening:
<ol style="list-style-type: none">1. Please prescribe 600mg of ibuprofen for the patient to take one hour before their insertion appointment2. Give patient Rx for the IUD of her choice and ask her to ensure it is filled at least 3 days prior to the appointment as pharmacies do not always have them in stock. She must bring the box to the appointment.3. Ensure patient has effective contraception until appt and does not have unprotected intercourse prior to insertion, as IUD will not be inserted if there is any chance of pregnancy.	<p><input type="checkbox"/> Pap Smear within the last 3 years</p> <p><input type="checkbox"/> Negative Urine Screen for chlamydia and gonorrhea within the last 3 months</p> <p>(Please fax with referral)</p>