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**www.viwomensclinic.ca**

**GENERAL REFERRAL FORM**

Referring Physician:

MSP Billing#:

Phone:

Fax:

Re: (patient information or label)

**REASON FOR REFERRAL**

- Considering or Wanting Pregnancy Termination**

**LMP: \_\_\_\_\_**

**(Please attach all relevant info)**

- Routine Pap**

**(Please send last PAP results)**

- Pre-Menopausal Endometrial Biopsy**

Comments: