

#104-284 Helmcken Road, Victoria BC V9B1T2 Tel: (250) 480-7338 Fax: (250) 480-7339 www.viwomensclinic.ca

CONTRACEPTIVE IUD/IUS or IMPLANT REFERRAL FORM

Referring Physician:

MSP Billing#:

Phone:

Fax:

Re: (patient information or label)

Thank you for your referral!

- □ Contraception Counselling (patient unsure)
- □ IUD/IUS Insertion
 - o Mirena®
 - o Kyleena®
 - Copper IUD
- IUD/IUS Placement Check or Concerns
- □ IUD/IUS Removal
- □ Nexplanon (Implant) Insertion
- Nexplanon (Implant) Removal

If it is a Mirena or Kyleena IUS, please provide them with a prescription.

If your patient is not certain on the type of IUD/IUS desired, we are pleased to offer **contraception counselling** with our trained nurse counsellor with a follow-up appointment with a physician to review their choices and decision.

Please ask your patient to bring their BC Services Card or another piece of ID. Our clinic is a **scent-free** environment.