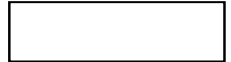




## Dr. Melissa Holowaty

1 Madoc Street  
Marmora, Ontario K0K 2M0  
phone: 613 472 2552 fax: 613 472 6135



### Referral Form for Medical Abortion

We will contact your patient directly with appointment information as well as letting you know when an appointment has been booked for your patient.

Today's date: \_\_\_\_\_

Patient name: _____
Birth date (DD MM YYYY): _____
Health card #: _____ Version _____
Address: _____
Phone number: _____
email address : _____

Please attach the following if available:

- Recent Rh bloodwork and dating ultrasound to rule out ectopic pregnancy*

Please notify patient we will contact them primarily by email (check spam box) to speed up access.

- patient aware that mifegymiso is only approved until 63 days from the start of the LNMP.*

Referring physician (please print): \_\_\_\_\_

Physician OHIP #: \_\_\_\_\_

Clinic phone #: \_\_\_\_\_

Referring physician signature: \_\_\_\_\_

Please send on any other information that you feel to be relevant.
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