

Royal Columbia Medical Clinic

306-301 East Columbia Street

New Westminster, BC

V3L 3W5

Phone: 236-453-2203

Fax: 604-527-3435

Date: _____

Patient Demographics

Name: _____

PHN: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Date of Birth: _____

Phone: _____

Email: _____

**** Please note Dr.Akinbobola does not see for IUD insertions for patients under 21 years old. Please refer to a gynecologist. ****

IUD Consultation

IUD Removal & Replacement

IUD Removal

IUD Insertion

IUD Insertion

PAP Testing (FOR PREVIOUS ABNORMAL PAP OR HPV ONLY) PLEASE ATTACH RELEVANT RESULTS.

Referring Doctor: _____

MSP#: _____

Address: _____

City: _____

Province: _____

Postal Code: _____

Phone: _____

Fax: _____

Please attach all relevant information. Current medications, relevant consults and lab reports, pap history, and pelvic US if available.