



Elite Wellness Medical Centre
1050 Lonsdale Ave
Sudbury, ON P3B 3B5
(P) 705-885-6680
(F) 705-566-7969

Patient Information (may affix label here):

Name: _____ D.O.B.: _____
HCN: _____ Gender: _____
Phone: _____
Address: _____

Elite Wellness Medical Centre - Referral Form

Please complete referral form in its entirety and fax to Elite Wellness at **705-566-7969**. For consultation, please indicate which service the consult is requested for.

Referring Physician

Name: _____ Phone: _____
Address: _____ Fax: _____
_____ Date: _____

Service Requested:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> IUD
Insertion/Removal
WITH sedation | <input type="checkbox"/> IUD
Insertion/Removal
WITHOUT
sedation | <input type="checkbox"/> Nexplanon | <input type="checkbox"/> Medical
Abortion |
| <input type="checkbox"/> IV Iron | <input type="checkbox"/> IV Multivitamin | <input type="checkbox"/> IV Hydration | <input type="checkbox"/> Therapeutic
Phlebotomy |
| <input type="checkbox"/> Biopsy (uterine) | <input type="checkbox"/> Biopsy (punch) | <input type="checkbox"/> Excision | <input type="checkbox"/> Psychotherapy |
| <input type="checkbox"/> Transgender care | <input type="checkbox"/> Ear Flush | <input type="checkbox"/> Consultation:
_____ | |

Clinical Information:

Allergies:

Medications:

Lab work/Prescriptions Provided to Patient

We can provide all necessary tests and prescriptions to patients receiving treatment. These will be completed at a consult appointment prior to treatment if no test results or prescriptions included with referral. (see reverse for required testing)

- Bloodwork (please attach)
- Ultrasound (please attach)
- Prescription: _____
- No attachments



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****IV Iron and Therapeutic Phlebotomy****

Bloodwork MUST be completed within one (1) week of treatment for therapeutic phlebotomy and within two (2) weeks of treatment for IV iron therapy.

Bloodwork for both services must include CBC, ferritin, and transferrin saturation. We recommend full iron studies for IV iron therapy.

If bloodwork has been completed, please include with the referral form. If no bloodwork is received we will complete bloodwork at the clinic and call patient back later for the treatment.

****IUD Insertion WITH Sedation****

We use Pentrox 3mL via inhalation for our IUD insertion with sedation. If prescribing IUD please indicate if sedation needs to be ordered by clinic or if referring prescriber has provided patient with the sedation prescription.

****Medical Abortion****

Medication will not be provided without bloodwork and an ultrasound to confirm the dating and placement of the pregnancy. If bloodwork and ultrasound have already been completed, please send with referral to allow for timely treatment.