



**HART FAMILY  
MEDICAL**  
AND IUD CLINIC

304 – 1919 Sirocco Dr SW

Calgary AB T3H 2Y3

Phone: 403-452-6622

Fax: 403-452-7311

[www.hartfamilymedical.ca](http://www.hartfamilymedical.ca)

## IUD Referral Form

Please affix patient label

Patient name:

Date of Birth:

Referring MD:

Phone number:

AHC:

PracID:

Patient address:

Fax:

Date of Referral:

Referral reason:  IUD insertion  Endometrial biopsy

Attach any relevant imaging – US pelvis not necessary but helpful

BMI:  <35  >35

Patient Parity: G\_\_ P\_\_

We will contact patient directly within 7 days for booking. After consultation referring physician will be provided with a consult letter.

Fax completed form to **403-452-7311**