



**HART FAMILY
MEDICAL**
AND IUD CLINIC

304 – 1919 Sirocco Dr SW
Calgary AB T3H 2Y3
Phone: 403-452-6622
Fax: 403-452-7311
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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**