



REFERRAL FORM – GYNAECOLOGY

Your office will be informed of appointment date and time.

FAX TO 604.708.0748

Date: _____
Referring Physician Information
Name: _____
MSP #: _____
FAX: _____

OR PHYSICIAN STAMP

Patient Information:

Name: _____
PHN: _____
DOB: _____
OR AFFIX LABEL

Address: _____
Tel: Home: _____
Cell: _____
Email: _____

GYNAECOLOGISTS (Please make ONLY one selection)				
<input type="checkbox"/>	Dr. Michelle Bélanger	General Gynaecology, Minimally Invasive Surgery	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Nadia Branco	General Gynaecology, Minimally Invasive Surgery	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Yamuna Kalyanpur	Office Gynaecology	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Darren Lazare	Cosmetic Gynaecology	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Mary Masotti	General Gynaecology, Minimally Invasive Surgery	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Jenise Yue	General Gynaecology, Minimally Invasive Surgery FAX to 604.877.1842	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Salim Lalani	General Gynaecology and Minimally Invasive Surgery FAX to 604.565.9448	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Timothy Rowe	Office Gynaecology, Menopause, Infertility	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Julie van Schalkwyk	General Gynaecology, Reproductive Infectious Diseases	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. Jennifer Yam	General Gynaecology, Minimally Invasive Surgery	<input type="checkbox"/>	
<input type="checkbox"/>	Dr. H. Bindu Yarlagadda	Office Gynaecology, Menopause	<input type="checkbox"/>	
SPECIALTY CLINICS				
<input type="checkbox"/>	Rapid Access Contraception / IUCD Insertion and Removal Patient will be seen within 3 months	<input type="checkbox"/>	Reproductive Endocrinology: Dr. Timothy Rowe	
<input type="checkbox"/>	Cross Roads Mature Women's Health Menopause Hormone Therapy Prolapse and Incontinence Osteoporosis and Bone Health Mona Lisa Touch ® Laser for Vulvovaginal Atrophy	<input type="checkbox"/>	Dr. Nadia Branco Dr. Timothy Rowe Dr. Hima Bindu Yarlagadda Dr. Jenise Yue	
Reason for Referral		Supporting Documents	Attached	To Follow
		Imaging	<input type="checkbox"/>	<input type="checkbox"/>
		Blood work	<input type="checkbox"/>	<input type="checkbox"/>
		Cultures / PAP	<input type="checkbox"/>	<input type="checkbox"/>