

**IUD DOCTOR REFERRAL FORM**

Please fax or scan completed form to: **778-508-7645**  
or **info@mintintegrative.com**



Patient Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Phone number: \_\_\_\_\_

Referring Physician: \_\_\_\_\_

Clinic Name/Address: \_\_\_\_\_

Clinic Phone: \_\_\_\_\_ Clinic Fax: \_\_\_\_\_

Clinic Email: \_\_\_\_\_

Brief medical history and reason for IUD referral: (insertion/replacement/removal/placement check):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Preference for IUD type:**

- Copper (silver core)
- Kyleena (progestin 20mcg LNG)
- Mirena (progestin 50mcg LNG)

**Add on services:**

- Pap test (free of charge)
- STI testing (free of charge)
- HPV testing

Every patient requires a 15 minute IUD screening call over the phone prior to insertion or replacement. Prescriptions for insertion medication and IUDs will be given at that time.

**Fees:**

IUD screening consultation (15 min) .....	\$65	IUD check .....	\$95
IUD insertion/replacement .....	\$200	HPV testing .....	\$122
IUD removal .....	\$130	IUD prescription .....	no charge

**Request note following insertion: YES**  **NO**

**Physician Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Information for referring physicians:**

Your patient's procedure includes a pre and post bedside ultrasound to ensure uterus size, orientation and then proper placement of the IUD. A doctor's referral note will be sent back to the referring physician upon request.

Your patient will be screened for high risk of infection, and swabbed for bacterial vaginosis prior to insertion using KOH test. If either are positive, 1 dose of antibiotics will be given after the insertion to limit the risk of infection.

Your patient will receive local freezing of the cervix and internal os to minimize discomfort during the IUD insertion.

Your patient will be advised to contact Mint Integrative Health Clinic should any complications arise from the procedure. A standard follow up visit using ultrasound will be recommended post insertion to ensure no movement of the IUD after 1 menstrual cycle and assess any IUD related complications.

No further assessments will be needed during the 5 year IUD life. A referral is not necessary for removals.

If you have any further questions please call Mint Integrative Health at 604.251.3456 or email to [info@mintintegrativehealth.com](mailto:info@mintintegrativehealth.com).