

TULIP

WOMEN'S HEALTH

5045 Mainway Suite #214, Burlington, ON L7L 5Z1

Phone: 289-837-1116 Fax: 289-837-1018

We will try our best to have the patients seen **within 2 weeks of receiving the referral.

PATIENT INFORMATION	
Name:	
Tel:	DOB:
Address:	
OHIP:	Email:
Referring Physician	Billing #

PLEASE SELECT if needs IUD/Implant insertion/replacement			
<input type="checkbox"/> Patient is a part of FHO/FHN: Please book accordingly to avoid negation			
<input type="checkbox"/> I would like to request a specific doctor– Name:			
<input type="checkbox"/> Patient has already been properly counseled and ready for insertion. She will bring the IUD/Implant to the appointment.			
<input type="checkbox"/> Patient needs counseling and has more questions			
<input type="checkbox"/> Patient also needs a pap at the same time			
Procedures			
	IUD insertion		IUD removal
	IUD replacement		Pap (HPV) test
	Implant insertion		Implant removal
	Implant replacement		

