



#104-284 Helmcken Road, Victoria BC V9B1T2

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www.viwomensclinic.ca

**GENERAL REFERRAL FORM**

Referring Doctor:

MSP Billing#:

Phone:

Fax:

Re:

<b>PATIENT LABEL</b>
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**REASON FOR REFERRAL**

**Unwanted Pregnancy LMP:** \_\_\_\_\_

(Please attach all relevant info)

**Routine Pap**

(Please send last PAP results)

**Pre-Menopausal Endometrial Biopsy**

Comments:

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