Signature Medical Centre
Women's Health Clinic Referral Form

Dr. Omolayo Famuyide, BSc (Pharm), MD, CCFP, NCMP
513-1851 Sirocco Dr. SW Calgary, AB T3H 4R5
Phone: 403-454-7550, Fax: 403-452-2171

Referring Physician Information *OR Physician Stamp*

Referring Physician/Nurse Practitioner:

Prac ID #:

Phone: Fax:

Patient Information **(Affix Patient Label)**

Name: Phone:

Health card #: DOB:

Address:

Please Indicate Reason for Referral:

☐ Perimenopause/Menopausal disorders ☐ Contraception

☐ IUD Insertion OR ☐ IUD Removal ☐ Endometrial biopsy

☐ STI testing/counselling ☐ Routine Pap/Breast Exam

☐ Emergency Contraception (*patients will be booked within 24hrs*)

☐ Other: _____

Please attach any relevant investigations including Pelvic U/S reports, Pap, mammogram results, labs and consults from relevant clinicians etc. For urgent referrals, please phone our office directly.

The patient will be contacted directly from our office to confirm an appointment date and time within 1 week of receiving the referral.

Please note a missed appointment fee of $100 will apply for all no shows and cancellations with less than 48 business hours notice.