

Patient Identification Label

**EARLY PREGNANCY LOSS ASSESSMENT CLINIC (EPAU)
REFERRAL FORM**

The Early Pregnancy Loss Assessment Clinic occurs Tuesday and Friday AM.
Referrals accepted for:

- Fetal demise up to 12 weeks gestation
- Retained products of conception
- RhIG administration for first trimester loss

Please complete the entire form and fax to 519-749-4433.

Suspect ectopic pregnancy or pregnancy of unknown location will not be seen at EPAU. Consult directly with the obstetrician on call.

Patients with a **viable fetus** will not be seen at EPAU. Please referred to the family physician or obstetric provider

PATIENT NAME:	
ADDRESS:	
PHONE:	ALTERNATE:
HEALTH CARE NUMBER:	
Last menstrual Period (LMP):	RH Status:
Quantitative BhCG:	
REFERRING PHYSICIAN:	Billing No.
Signature:	
Phone:	Fax:

***** In order to process referral, current ultrasound report and laboratory report with BHcG and blood type result must be included *****

Translation services required. If yes, identify language: _____

EPAU will call patients directly with their appointment time. If your patient has not been contacted within 4 business days please call 519-749-4300 Ext. 3573