

Patient Identification Label

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

The Early Pregnancy Loss Assessment Clinic occurs Tuesday and Friday morning.
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 NUMBER:	LMP:
<u>FAX'd copies of following diagnostic results required for referral booking:</u>	
<input type="checkbox"/> Quantitative BhCG <input type="checkbox"/> CBC <input type="checkbox"/> Group & Screen <input type="checkbox"/> Pelvic ultrasound	
REFERRING PROVIDER:	Billing No.
Signature:	
Phone:	Fax:

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

