



Dr. Laura Cano, MD, FACOG
 OBSTETRICS & GYNECOLOGY
 MINIMALLY INVASIVE SURGERY
 GRANDE PRAIRIE

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REFERRAL FORM - GYNECOLOGY

Your office will be informed of appointment date and time. A letter will be mailed to your patient.

FAX TO 780.402.2815

Date: _____
 Referring Physician Information:
 Name: _____
 PRAC ID: _____
 FAX: _____
 Mailing address: _____

OR PHYSICIAN STAMP

Patient Name: _____ Address: _____
 Information: PHN: _____
 DOB: _____ Tel.: Home: _____
 OR AFFIX LABEL Cell: _____

Reason for Referral

- Abnormal uterine bleeding
 PMB
 Infertility
 Prolapse / Urinary incontinence
 Tubal ligation
 Pelvic mass
 Pelvic pain
 Other (Explain below)
 Urgent

Supporting documents:

- Imaging
 Bloodwork
 Cultures
 Pap
 Other _____