

## Request for Referral to Dr. Keiko Chan Focused Practice Designation in Gynecology

\*we prefer referrals to be sent through Ocean MD

PATIENT INFORMATION		
First Name:	Last Name:	DOB:
Phone Number:	Email:	Address:
OHIP Number:	OHIP Version Code:	Sex:

REFERRING PHYSICIAN INFORMATION		
First Name:	Last Name:	OHIP Billing #:
Phone Number:	Fax Number:	Address:
Signature:	Date:	

**Dr. Keiko Chan holds a Focused Practice Designation in Gynecology. As such, FHO-Rostered patients who are referred to her should NOT be subject to billing negation for the referring physician.**

**Dr. Chan sees referrals for the following indications:**

- a) Pap smear/HPV testing
- b) Contraceptive Consultations (oral contraceptive pills, IUDs, Nexplanons, etc.) IUDs can be done with a cervical nerve block or inhaled analgesia with Pentrox. If analgesia or anxiolytics are desired, an initial consult may be required to prescribe Pentrox/lorazepam
- c) Menstrual Consult (dysmenorrhea, menorrhagia, abnormal uterine bleeding, PCOS, endometriosis, adenomyosis)
- d) Medical Abortion <10w
- e) Endometrial Biopsy
- f) Peri/Menopause Consult
- g) Severe PMS/PMD

**Reason For Referral:**

**Please select only ONE of the below options and add any relevant history in the open text field below. Dr. Chan cannot see patients for more than one indication per requested consult.**

**Choose an option~**



Email: [WHealth@mymedicalcenters.ca](mailto:WHealth@mymedicalcenters.ca)

Fax: (613) 907-4455

**Relevant History:**

**Please provide any relevant history with regards to the reason for referral.**

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**Relevant labs or imaging to be attached:**

**Attach/write any relevant lab results, imaging reports, etc.**

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