

## St. Paul's Hospital – Out Patient's Department (OPD)

3<sup>rd</sup> Floor Burrard Building – 1081 Burrard Street, Vancouver, BC V6Z 1Y6

Tel: (604) 806-8772 Fax: (604) 806-8680

Colposcopy	Dr. Roxana Geoffrion
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*\*\*\*Please include the most recent cytology*

Date: \_\_\_\_\_

### *Patient Information:*

\_\_\_\_\_  
(Surname) (First Name) (Middle Name)

Date of Birth: \_\_\_\_\_ Female \_\_\_ Male \_\_\_  
(Day/Month/Year)

PHN: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(City) (Postal Code)

Telephone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_ (Work) \_\_\_\_\_

Interpreter: \_\_\_\_\_

Family Dr.'s name: \_\_\_\_\_ Billing # \_\_\_\_\_

### *Reason for Referral:*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referring Physician: \_\_\_\_\_ Billing # \_\_\_\_\_  
Office Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

*We will fax the patient's appointment date and time back to you.*