



Dear Client:

Your doctor has referred you to **Bloor West Village Women's Clinic** for assistance with the management of your miscarriage or genetic termination. We will do our best to provide you with an early appointment, and to make this experience as easy for you as possible.

Our clinic provides services to assist women with wanted but failed pregnancies as well as women with unplanned/unwanted pregnancies. We respect the privacy of every individual and seek to provide her with the best possible care. Having said that, we recognize that your emotional experience may be different from that of many of our other patients; please feel free to speak openly with our counsellors, as we are here to support you.

During your procedure, you will receive medication for pain and sedation, however you will not be put to sleep. Because of the sedation, we ask you not to eat for six hours before the procedure and not to drink for two hours prior. If you have regular medications then please take these as prescribed with sips of water. If you have any medical conditions, please inform the staff at the time of booking the appointment; we may need to provide you with specific advice for your care.

Your appointment at the clinic generally lasts 2-3 hours. The procedure itself is generally very short – not more than a few minutes – and you should recover and be able to leave the clinic 15 - 20 minutes after. However, you will be legally prohibited from driving a car for 24 hours after receiving sedation; please plan to have someone drive you home or take an alternative form of transportation.

You and your doctor may have discussed sending the pregnancy tissue for genetic testing. If you want to have your pregnancy tested, then it is necessary for your doctor to make the necessary arrangements before coming to our clinic. Please clarify with your doctor how the tissue samples for testing will be delivered.

Our clinic has an optional fee for uninsured services, payable by debit or cash. If you choose not to pay the fee you will still have access to a procedure and all insured services.

If you have any additional questions, we will be happy to address them when you book the appointment, or our clinical staff – counsellors and medical staff – can assist you upon arrival.



**COMPLICATIONS OF EARLY PREGNANCY REFERRAL FOR D&C**

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

Patient Label: (Name/DOB/OHIP # )

Referring Physician: \_\_\_\_\_ Billing #: \_\_\_\_\_

Physician Stamp: (Address/Contact Information)

Reason for Referral:

Gestational Age: \_\_\_\_\_

**Ultrasound Report:** please send if available

**Please Note:** BWVWC cannot be responsible for arranging the testing or transport of POC for genetic screening. However we will help to facilitate the collection of POC when testing has been **arranged by the referring physician.**

**POC to be collected for testing: YES / NO**

Please contact the BWVWC to discuss if any of the following issues are present:  
Difficult airway access, difficult venous access, blood dyscrasias, sickle cell disease, malignant arrhythmias, uncontrolled hypertension, GA > 16 weeks, or GA > 14 weeks and a previous history of a caesarean section.