



Edmonton Zone FAST Program

Facilitated Access to Surgical Treatment

Affix patient label within this box

***Must Include a valid mailing address and
email address if available ***

General Surgery Referral

Phone: 780-735-8114 Fax: 780-735-4825
Email: ezgensurgconsults@ahs.ca

- All referrals require this form, a complete referral letter and relevant supporting documents
 - Please fax each referral individually

<input checked="" type="checkbox"/> Refer to the next available surgeon (shortest wait time)	OR Refer to specific hospital or surgeon <u>Jane Smith</u>	(wait time may be longer)
<input type="checkbox"/> Symptomatic Gallstones or Gallbladder Polyps - <i>Must include the following within three months of referrals</i>		
<input type="checkbox"/> Abdominal Ultrasound	<input type="checkbox"/> Liver Function Test (ALT, AST, ALK PHOS, TBILI)	
<input type="checkbox"/> Severe Gastro-Esophageal Reflux <i>(Requiring surgery)</i>		
Colorectal <i>(Rectal assessment Sheet and DRE Results Required)</i>		
<input type="checkbox"/> High-Risk Symptoms	<input type="checkbox"/> Anal Fissure	
<input type="checkbox"/> Rectal Prolapse	<input type="checkbox"/> Anal Fistula	
<input type="checkbox"/> Symptomatic Diverticula Disease	<input type="checkbox"/> Fecal Incontinence	
<input type="checkbox"/> Positive FIT <i>(only for patients NOT eligible or DECLINED by the SCOPE and/or the SHARP program)</i>	<input type="checkbox"/> Pilonidal Sinus	
<input type="checkbox"/> Hemorrhoids		
<input type="checkbox"/> Rectal Bleeding		
Reason for ineligibility _____		
Hernia <i>(symptomatic, physical exam completed, no ultrasound required)</i>		
<input type="checkbox"/> Inguinal	<input type="checkbox"/> Incisional	
<input type="checkbox"/> Bilateral Inguinal	<input type="checkbox"/> Umbilical	
<input type="checkbox"/> Recurrent Inguinal	<input type="checkbox"/> Other _____	
Cancers <i>(include symptoms and relevant imaging)</i>		
<input type="checkbox"/> Suspected Gallbladder Cancer	<input type="checkbox"/> Suspected Colorectal Cancer <i>(Include Rectal Assessment Sheet)</i>	
<input type="checkbox"/> Suspected Sarcoma/GIST	<input type="checkbox"/> Adrenal Mass	
<input checked="" type="checkbox"/> Suspected Liver cancer	<input type="checkbox"/> Neck Mass	
<input type="checkbox"/> Suspected Pancreatic/Bile Duct Cancer	<input type="checkbox"/> Thyroid Mass <i>(include ultrasound report and FNA results)</i>	
<input type="checkbox"/> Suspected Stomach Cancer		
Minor Operations		
<input type="checkbox"/> Lipoma <i>(include size and location) (no joints)</i>	<input type="checkbox"/> Sural Nerve Biopsy	
<input type="checkbox"/> Sebaceous Cyst <i>(include size and location) (no joints)</i>	<input type="checkbox"/> Muscle Biopsy	
<input type="checkbox"/> Temporal Artery Biopsy	<input type="checkbox"/> Lymph Node Biopsy <i>(include FNA results)</i>	
Other Condition		
<input type="checkbox"/> _____		

*****If you have not received notification from our program within 7 days please call to confirm receipt**