

## **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

**Refer to the next available surgeon (shortest wait time)**

OR Refer to specific hospital or surgeon \_\_\_\_\_ Judy Jones (wait time may be longer)

**Symptomatic Gallstones or Gallbladder Polyps - Must include the following within three months of referrals**

Abdominal Ultrasound                               Liver Function Test (ALT, AST, ALK PHOS, TBIL)

**Severe Gastro-Esophageal Reflux (Requiring surgery)**

**Colorectal (Rectal assessment Sheet and DRE Results Required)**

High-Risk Symptoms                               Anal Fissure

Rectal Prolapse                                       Anal Fistula

Symptomatic Diverticula Disease                       Fecal Incontinence

Positive FIT (only for patients NOT eligible or DECLINED by the SCOPE and/or the SHARP program)                       Pilonidal Sinus

Reason for ineligibility \_\_\_\_\_                               Hemorrhoids

Rectal Bleeding

**Hernia (symptomatic, physical exam completed, no ultrasound required)**

Inguinal     Incisional

Bilateral Inguinal                                       Umbilical

Recurrent Inguinal                                       Other \_\_\_\_\_

**Cancers (include symptoms and relevant imaging)**

Suspected Gallbladder Cancer

Suspected Colorectal Cancer (Include Rectal Assessment Sheet)

Suspected Sarcoma/GIST

Adrenal Mass

Suspected Liver cancer

Neck Mass

Suspected Pancreatic/Bile Duct Cancer

Thyroid Mass (include ultrasound report and FNA results)

Suspected Stomach Cancer

**Minor Operations**

Lipoma (include size and location) (no joints)

Sural Nerve Biopsy

Sebaceous Cyst (include size and location) (no joints)

Muscle Biopsy

Temporal Artery Biopsy

Lymph Node Biopsy (include FNA results)

**Other Condition**

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