



# **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](mailto: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 _____	(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 (Requiring surgery)														
<b>Colorectal (Rectal assessment Sheet and DRE Results Required)</b>														
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Reason for ineligibility _____														
<b>Hernia (symptomatic, physical exam completed, no ultrasound required)</b>														
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<b>Cancers (include symptoms and relevant imaging)</b>														
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<b>Minor Operations</b>														
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<b>Other Condition</b>														
<input type="checkbox"/> _____														

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