



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 (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
- Rectal Prolapse
- Symptomatic Diverticula Disease
- Positive FIT (*only for patients NOT on FOLFOX*)

- Anal Fissure
- Anal Fistula
- Fecal Incontinence
- Pilonidal Sinus
- Hemorrhoids
- Rectal Bleeding

Reason for ineligibility

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

- Inguinal
- Bilateral Inguinal
- Recurrent Inguinal

- Incisional
- Umbilical
- Other

Cancers (include symptoms and relevant imaging)

- Suspected Gallbladder Cancer
- Suspected Sarcoma/GIST
- Suspected Liver cancer
- Suspected Pancreatic/Bile Duct Cancer
- Suspected Stomach Cancer

- Suspected Colorectal Cancer (*Include Rectal Assessment Sheet*)
- Adrenal Mass
- Neck Mass
- Thyroid Mass (*include ultrasound report and FNA results*)

Minor Operations

Lipoma (*include size and location*) (*no joints*)
 Sebaceous Cyst (*include size and location*) (*no joints*)
 Temporal Artery Biopsy

- Sural Nerve Biopsy
- Muscle Biopsy
- Lymph Node Biopsy (*include FNA results*)

Other Condition
