

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 _____ Mary Erickson _____ (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, TBILI)

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