Alberta Health Services

Covenant Health

Patient Label Required

Edmonton Zone FAST Program
(Facilitated Access to Surgical Treatment)

Colposcopy Referrals
Phone: 780-735-8114 Fax: 780-643-1232
Email: EZGynecologyReferrals@ahs.ca

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

Please provide contact information for both:

☐ **Referring Physician:**

☐ **Primary Care Physician:**

☐ ***New Referral:***

☐ **Refer to the next available colposcopist (shortest wait time)**

OR

☐ **Refer to a specific site or physician (wait time may be longer)**

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☐ ***Re-referral*** (If seen in colposcopy prior)

- **Previous site and physician** _____

☐ ***Reason for Referral:***

Premalignant Condition:

☐ HSIL
☐ ASCH
☐ AGC/AIS
☐ ASCUS HPV +
☐ LSIL HPV+
☐ Persistent LSIL
☐ Persistent ASCUS
☐ Vulvar lesion
☐ Other _____

Suspected Malignancy:

☐ Cervical Cancer
☐ Vulvar Cancer
☐ Vagina Cancer

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