Alberta Health Services

Patient Label Required

Edmonton Zone FAST Program

(Facilitated Access to Surgical Treatment)

General Surgery Referral

Phone: 780-735-8114 Fax: 780-670-3224
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 a specific hospital or surgeon _______________ (wait time may be longer)

☐ **Symptomatic Gallstones or Gallbladder Polyps**
Must include the following within **three months** of referral:
☐ Abdominal Ultrasound ☐ Liver Function Tests (ALT, AST, ALK PHOS, TBILI)

☐ **Severe Gastro-Esophageal Reflux** *(Requiring Surgery)*

Colorectal

☐ High-Risk Symptoms *(please complete High Risk Rectal Bleeding Form)* ☐ Rectal Prolapse ☐ Symptomatic Diverticular Disease ☐ Pilonidal Sinus	☐ Hemorrhoids/Rectal Bleeding *(please complete Low Risk Rectal Bleeding Form)* ☐ Anal Fissure ☐ Anal Fistula ☐ Fecal Incontinence

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 *(please complete High Risk Rectal Bleeding Form)* ☐ 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
☐ ____

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