Alberta Health Services

Last Name *(Legal)*	First Name *(Legal)*
Preferred Name ☐ Last ☐ First	DOB *(dd-Mon-yyyy)*
PHN	ULI ☐ Same as PHN / MRN
Administrative Gender ☐ Male ☐ Female ☐Non-binary/Prefer not to disclose (X) ☐ Unknown	

Facilitated Access to Specialized Treatment (FAST) Plastic Surgery Referral – Adult

Phone: 780-735-8114 Email: EZPlasticReferrals@ahs.ca

All referrals require this form, a **complete referral letter** and **relevant supporting documents**.
Fax each referral individually to **780-644-1743**

- For **acute injuries**, please contact the plastic surgeon on call via **RAAPID North at 1-800-282-9911**
- For **cosmetic referrals**, patients may contact their preferred surgeon directly *(no referral is required)*
- For **hand/wrist conditions**, please complete the FAST Hand/Wrist referral

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

Referring Physician

Name

Phone | PRAC ID

Referral Information

Type of Request

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

OR

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

Specify site/physician ______________________________

Breast

☐ Enlarged breasts *(for breast reduction)*
☐ Breast asymmetry
☐ Breast implant complications ____________________
☐ Congenital breast deformity
☐ Gynecomastia
☐ Inverted nipple
☐ Gender-affirming breast surgery

Craniofacial/Head and Neck

Deformity

☐ Skull *(for cranioplasty)*
☐ Orbit
☐ Post-cancer resection
☐ Ear
☐ Nose *(reconstruction, rhinoplasty)*
☐ Craniofacial bone/soft tissue
☐ Post-traumatic- location ______________
☐ Eyelid

Other

☐ Excess eyelid skin
☐ Eyelid ptosis
☐ Facial asymmetry
☐ Facial nerve palsy
☐ Osseointegrated implant

Soft Tissue and Skin

☐ Abdominal skin excess *(for panniculectomy)*
☐ Chronic wound
☐ Complex wound
☐ Diabetic foot wound
☐ Hidradenitis suppurativa
☐ Hyperhidrosis
☐ Hypertrophic/keloid scar
☐ Lymphedema
☐ Massive weight loss/body contouring
☐ Nerve mass
☐ Nerve/muscle biopsy
☐ Post-burn deformity
☐ Scar revision
☐ Pressure ulcer/decubitus ulcer
☐ Skin/soft tissue mass
  ☐ suspected benign
  ☐ suspected malignant
☐ Skin cancer
  ☐ Squamous cell
  ☐ Basal cell
  ☐ Other

Other Condition

☐ ______________________________