



**Alberta Health
Services**

Edmonton Zone FAST Program (Facilitated Access to Surgical Treatment)

Adult Otolaryngology Head & Neck Surgery Referral

Phone: 780-735-8114 Fax: 780-644-1790

Email: ezotolarngologyref@ahs.ca

Patient Label Required

All referrals require this form, a complete referral letter and relevant supporting documents. Fax individually.

Refer to the next available surgeon (shortest wait time) or surgeon _____

Otology (* audiogram required for these referrals)

- | | |
|--|---|
| <input type="checkbox"/> Sudden hearing loss, urgent within 72hrs * | <input type="checkbox"/> Vertigo * |
| <input type="checkbox"/> Hearing loss * | <input type="checkbox"/> Tinnitus * |
| <input type="checkbox"/> Chronic otitis media, ear discharge, drainage * | <input type="checkbox"/> Ear FB or lesions |
| <input type="checkbox"/> Tympanic membrane perforation * | <input type="checkbox"/> Facial nerve palsy |
| <input type="checkbox"/> Ear pain or pressure * | <input type="checkbox"/> Other _____ |

General Otolaryngology

- | | |
|---|---|
| <input type="checkbox"/> Recurrent tonsillitis | <input type="checkbox"/> Septal deviation |
| <input type="checkbox"/> Recurrent Epistaxis | <input type="checkbox"/> Snoring |
| <input type="checkbox"/> Chronic rhinitis / nasal obstruction | <input type="checkbox"/> Other not listed _____ |

Laryngology and Swallowing Dysfunction

- | | |
|--|---|
| <input type="checkbox"/> Chronic Hoarseness | <input type="checkbox"/> Dysphagia |
| <input type="checkbox"/> Airway concerns (eg. stenosis, stridor) | <input type="checkbox"/> Zenker's diverticulum |
| <input type="checkbox"/> Chronic refractory cough | <input type="checkbox"/> Tracheostomy issues |
| <input type="checkbox"/> Professional voice concerns | <input type="checkbox"/> Other not listed _____ |

Thyroid and Parathyroid

- | | |
|--|---|
| <input type="checkbox"/> Thyroid mass | <input type="checkbox"/> Other not listed _____ |
| <input type="checkbox"/> Hyperparathyroidism | |

Head and Neck

- | | |
|---|--|
| <input type="checkbox"/> Neck mass | <input type="checkbox"/> Salivary gland masses |
| <input type="checkbox"/> Head and neck cancer | <input type="checkbox"/> Facial lesion/mass |
| <input type="checkbox"/> Oral and pharyngeal lesion/ulcers/masses | <input type="checkbox"/> Skin cancer |
| <input type="checkbox"/> Chronic hoarseness | <input type="checkbox"/> Mohs skin defect reconstruction |
| <input type="checkbox"/> Progressive dysphagia | <input type="checkbox"/> Other not listed _____ |

Rhinology

- | | |
|--|---|
| <input type="checkbox"/> Sinusitis / sinus disorders | <input type="checkbox"/> Nasal mass |
| <input type="checkbox"/> Chronic sinusitis | <input type="checkbox"/> Nasal polyps |
| <input type="checkbox"/> Revision sinus surgery | <input type="checkbox"/> Nasal CSF leaks |
| <input type="checkbox"/> Severe complex sinusitis | <input type="checkbox"/> Other not listed _____ |
| <input type="checkbox"/> HHT related epistaxis | |

Sleep medicine and surgery

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Sleep apnea | <input type="checkbox"/> Other not listed _____ |
|--------------------------------------|---|

Facial plastic surgery

- | | |
|---|--|
| <input type="checkbox"/> Nasal deformity, rhinoplasty | <input type="checkbox"/> Facial paralysis |
| <input type="checkbox"/> Facial defect | <input type="checkbox"/> Eyelid issues (excessive upper eyelid skin, ptotic brows, ectropion, etc) |
| <input type="checkbox"/> Facial trauma / fracture | <input type="checkbox"/> Other not listed _____ |
| <input type="checkbox"/> Facial scars | |

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