

**EMERGENCY CENTRE** 

## **General Surgery Referral Form Suspicious Mass/Lesion**

PATIENT LABEL	

Date of Emergency Visit:
Reason for Referral:
□ Colorectal lesion
□ Gastric lesion
□ Possible abdominal sarcoma
Clinical Information:
Patient Instructions:
<ul> <li>You will be contacted for an appointment</li> <li>Please call 416-586-4800 x 6872 if you haven't heard about an appointment within 7 business days of your emergency visit</li> </ul>
Referring Physician Information:
Referring ED Physician:
Billing #:

Please fax this referral form and ED chart to: Dr. Erin Kennedy, Fax: 416-586-8644