



Pancreatic Cyst Clinic

Toronto General Hospital
200 Elizabeth Street, 9N-981
Toronto, ON, M5G 2C4
Phone: 416-340-4800 x5881
Fax: 416-340-5324

Referral Form

Date: _____ Referring MD: _____

Patient Information (affix label):

Urgency:

- Urgent (<2 weeks) Moderate (2-8 weeks) Routine (>8weeks)

Reason for Referral:

Include relevant blood work, diagnostic imaging (ultrasound, CT, MRI) and a current medication reports with this referral.

Also confirm that relevant diagnostic imaging files have been saved onto compact disc and mailed to the office for uploading to the UHN imaging network.

Please fax completed form and relevant documents to 416-340-5324.