

UHN ENDOCRINE SURGERY PROGRAM

THYROID RFA CONSULTATION REQUEST

Please FAX this REFERRAL FORM with the referral to:

FAX: 416-340-3808

Date of Referral:			
PATIENT INFORMATION			
Patient's Last Name:	First:	Birth date (yyyy/mm/dd): / /	Sex: <input type="checkbox"/> M <input type="checkbox"/> F
Street address:		Contact number: ()	UHN MRN:
City:	Postal Code:	Health Card No:	
REFERRER DETAILS			
Name:		Specialty:	
Address:			OHIP Billing no.:
City:	Postal code:	Phone no.: ()	Fax phone no.: ()

INDICATION FOR REFERRAL (MUST FILL OUT ONE OPTION and send REQUIRED INFORMATION)

BENIGN SYMPTOMATIC THYROID NODULE

REQUIREMENT

- FNA REPORT
- Ultrasound Report
- Ultrasound Images** (patients out of province (to be mailed to address below))

HOT THYROID NODULE

REQUIREMENT

- Ultrasound Report
- Thyroid Bloodwork including TSH, Thyroid Receptor Antibody
- FNA reports if performed (not required)

LOCAL TORONTO ONLY (2cm or smaller)

- Bethesda V/VI
- Bethesda III/IV