Completion of this document ensures that all information required to create a case for the waitlist can be completed within 7 days of the decision to treat.

Service: Plastics

Care Venue:   COH	$\square$ HSC	☐ Pan Am	$\square$ SBH	□ VGH	☐ Maples*
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Diagnosis Category*    [C] Known Cancer	PHIN*:	Patient Name*:  Case Details		Patient Name*:			DOB: MM/DD/YYYY
CI Known Cancer	[C] Known Cancer		PHIN*:				
CI Suspected Cancer	DISORDERS OF HEAD AND NECK BONES, CARTILAGE   DISORDERS OF JOINTS	Diagnosis Ca	tegory*				
GC   Suspected Cancer	[C] Suspected Cancer ABDOMINAL RECONSTRUCTION BENIGN TUMOURS BREAST PATHOLOGY (SPNECOMASTIA, HYPERMASTIA, ASYMMETRY) BREAST PATHOLOGY (SYNECOMASTIA, HYPERMASTIA, ASYMMETRY) BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED) BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED) BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE) BURNS, FROSTBITE, NECROTIZING INFECTION* CONGENITAL ABNORMALITIES COSMETIC PROCEDURES  DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NERVES AND MUSCLES INFECTIONS OF SKIN SOFT TISSUES AND HANDS OTHER PLASTICS DIAGNOSES RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION CONGENITAL ABNORMALITIES COSMETIC PROCEDURES  DIAGNOSTIC TISSUES TRAUMA  Cancer*: Diagnostic Treatment Reconstruction Prophylactic Staging Surveillance Palliative  Procedure Notes:  T*:  Laterality*:   Diagnosis Description:	☐ [C] Known Cance	er		☐ DISORD	ERS OF BONES (CRANIOF	ACIAL, HAND, WRIST)
ABDOMINAL RECONSTRUCTION   DISORDERS OF JOINTS     BENIGN TUMOURS   BENIGN TUMOURS   DISORDERS OF TENDONS/LIGAMENTS OF HANDS, WRISD     BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY)   DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NEI MUSCLES   MUSCLES   INFECTIONS OF SKIN SOFT TISSUES AND HANDS   DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NEI MUSCLES   INFECTIONS OF SKIN SOFT TISSUES AND HANDS   OTHER PLASTICS DIAGNOSES   INFECTION   OTHER PLASTICS DIAGNOSES   RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTI INFECTION   SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS   AND SUBCUT TISSUES   TRAUMA    If Cancer*:   Diagnostic   Treatment   Reconstruction   Prophylactic   Staging   Surveillance   Palliative    Please refer to the Case Priority Criteria to complete this section  Wait 2 Priority*:   Diagnosis Description:    DI   2   3   4   5   Diagnosis Description:    Procedure Notes:   Admission Type*   Post Procedural De Day Surgery   Day Surgery	ABDOMINAL RECONSTRUCTION   DISORDERS OF JOINTS   BENIGN TUMOURS   DISORDERS OF TENDONS/LIGAMENTS OF HANDS, WRIST, FEET   DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NERVES AND MUSCLES   BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED)   INFECTIONS OF SKIN SOFT TISSUES AND HANDS   BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED)   OTHER PLASTICS DIAGNOSES   BURNS, FROSTBITE, NECROTIZING INFECTION*   CONGENITAL ABNORMALITIES   SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SK AND SUBCUT TISSUES   TRAUMA   Cancer*: Diagnostic   Treatment   Reconstruction   Prophylactic   Staging   Surveillance   Palliative    **Concert*: Diagnostic   Diagnosis Description:   Diagnosis Description:    **T*: Laterality*:   Attend Short*:   Attend Short*:   Diagnosis Description:   Day Surgery   Day				☐ DISORD	ERS OF HEAD AND NECK	BONES, CARTILAGE
□ BENIGN TUMOURS       □ DISORDERS OF TENDONS/LIGAMENTS OF HANDS, WRIS         □ BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY)       □ DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NET MUSCLES         □ BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)       □ INFECTIONS OF SKIN SOFT TISSUES AND HANDS         □ BURNS, FROSTBITE, NECROTIZING INFECTION"       □ OTHER PLASTICS DIAGNOSES         □ BURNS, FROSTBITE, NECROTIZING INFECTION"       □ OTHER PLASTICS DIAGNOSES         □ CONGENITAL ABNORMALITIES       □ SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS AND SUBCUT TISSUES         □ TRAUMA       □ Treatment       □ Reconstruction       □ Prophylactic       □ Staging       □ Surveillance       □ Palliative     Please refer to the Case Priority Criteria to complete this section  Wait 2 Priority*:  □ □ 2 □ 3 □ 4 □ 5  Consented Procedure*:  Procedure Notes:  DTT*:  MM/DD/YYYY       Laterality*: (f applicable) (f appli	BENIGN TUMOURS  BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY)  BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY)  BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED)  BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)  BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)  BURNS, FROSTBITE, NECROTIZING INFECTION"  CONGENITAL ABNORMALITIES  COSMETIC PROCEDURES  COSMETIC PROCEDURES  COMPANIENT OF THE PROPERT OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION INFECTION AFTER BURNS, FROSTBITE, NECROTIZING INF	'					
BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY)   BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED)   BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)   BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)   BURNS, FROSTBITE, NECROTIZING INFECTION"   CONGENITAL ABNORMALITIES   COSMETIC PROCEDURES	BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY)  BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED)  BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)  BREAST RECONSTRUCTION OF SKIN SOFT TISSUES AND HANDS  OTHER PLASTICS DIAGNOSES  RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  INFECTION  CONGENITAL ABNORMALITIES  COSMETIC PROCEDURES  DIAGNOSTIC Treatment   Reconstruction   Prophylactic   Staging   Surveillance   Palliative    Reserver to the Case Priority Criteria to complete this section  ait 2 Priority*:  1   2   3   4   5    Diagnosis Description:  T*:  Attend Short*:  Post Procedural Destination*  Day Surgery  Day Surg					·	, ,
□ BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION       □ INFECTIONS OF SKIN SOFT TISSUES AND HANDS         □ BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION       □ OTHER PLASTICS DIAGNOSES         (IMMEDIATE)       □ OTHER PLASTICS DIAGNOSES         □ BURNS, FROSTBITE, NECROTIZING INFECTION"       □ RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTI INFECTION         □ CONGENITAL ABNORMALITIES       □ SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS AND SUBCUT TISSUES         □ COSMETIC PROCEDURES       □ TRAUMA         If Cancer*: □ Diagnostic       □ Treatment       □ Reconstruction       □ Prophylactic       □ Staging       □ Surveillance       □ Palliative     Please refer to the Case Priority Criteria to complete this section  Wait 2 Priority*:  □ 1 □ 2 □ 3 □ 4 □ 5  Consented Procedure*:    Diagnosis Description: □	BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (DELAYED) BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE) BURNS, FROSTBITE, NECROTIZING INFECTION" CONGENITAL ABNORMALITIES COSMETIC PROCEDURES  COMETIC PROCEDURES  COMETIC PROCEDURES  COMPANIES  COMETIC PROCEDURES  COMETIC COMETI	☐ BREAST PATHOLO	OGY (GYNECOMASTIA	•			EXUS, PERIPHERAL NERVES AND
□ BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)       □ OTHER PLASTICS DIAGNOSES         □ BURNS, FROSTBITE, NECROTIZING INFECTION"       □ RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTI INFECTION         □ CONGENITAL ABNORMALITIES       □ SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS AND SUBCUT TISSUES         □ TRAUMA       □ Treatment       □ Reconstruction       □ Prophylactic       □ Staging       □ Surveillance       □ Palliative    Please refer to the Case Priority Criteria to complete this section Wait 2 Priority*:       □ 1       □ 2       □ 3       □ 4       □ 5 Diagnosis Description: □ 1       □ 2       □ 3       □ 4       □ 5 Consented Procedure*: Procedure Notes: Procedure Notes: Attend Short*:       Putient is available on short notice as a last-minute case replacement. □ Day Surgery       Day Surgery       Day Surgery       Day Surgery       Day Surgery Day Surgery       Day Surgery	BREAST RECONSTRUCTION, POST ONCOLOGIC RESECTION (IMMEDIATE)  BURNS, FROSTBITE, NECROTIZING INFECTION"  CONGENITAL ABNORMALITIES  COSMETIC PROCEDURES  COSMET	☐ BREAST RECONST	RUCTION, POST ONC	COLOGIC RESECTION (DELAYED)		_	ES AND HANDS
RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTI   RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTI   INFECTION   SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS   AND SUBCUT TISSUES   TRAUMA    If Cancer*: Diagnostic Treatment Reconstruction Prophylactic Staging Surveillance Palliative   Please refer to the Case Priority Criteria to complete this section    Wait 2 Priority*: Diagnosis Description:   Diagnosis Description:   Consented Procedure*:   Diagnosis Description:   Attend Short*:   Admission Type*   Post Procedural Description:   Day Surgery   Day Surge	RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING		RUCTION, POST ONC	COLOGIC RESECTION			
CONGENITAL ABNORMALITIES  COSMETIC PROCEDURES  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS AND SUBCUT TISSUES  TRAUMA  If Cancer*: Diagnostic Treatment Reconstruction Prophylactic Staging Surveillance Palliative  Please refer to the Case Priority Criteria to complete this section  Wait 2 Priority*: Diagnosis Description:  Diagnosis Description:  Consented Procedure*:  Procedure Notes:  Attend Short*: Admission Type* Post Procedural Deminute case replacement.  Patient is ovaliable on short notice as a last-minute case replacement.  Day Surgery  Day Surgery	CONGENITAL ABNORMALITIES  COSMETIC PROCEDURES  SCARS, ULCERS AND OTHER NON-TUMOROUS LESIONS OF THE SK AND SUBCUT TISSUES  TRAUMA  Cancer*: Diagnostic Treatment Reconstruction Prophylactic Staging Surveillance Palliative  page refer to the Case Priority Criteria to complete this section  ait 2 Priority*: Diagnosis Description:  1	,	TE NECROTIZING INF	FCTION"	□ RECONS	STRUCTION AFTER BURNS	, FROSTBITE, NECROTIZING
COSMETIC PROCEDURES	Cosmetic Procedures  AND Subcut Tissues  TRAUMA  Cancer*:   Diagnostic   Treatment   Reconstruction   Prophylactic   Staging   Surveillance   Palliative  case refer to the Case Priority Criteria to complete this section  ait 2 Priority*:   Diagnosis Description:  1   2   3   4   5    Diagnosis Description:  T*:   Laterality*:   Attend Short*:   Admission Type*   Post Procedural Destination*  Procedure Notes:   Day Surgery   Day Surg	·	•	2011011	_		
If Cancer*:   Diagnostic   Treatment   Reconstruction   Prophylactic   Staging   Surveillance   Palliative    Please refer to the Case Priority Criteria to complete this section  Wait 2 Priority*:   Diagnosis Description:     1	TRAUMA  Cancer*: Diagnostic Treatment Reconstruction Prophylactic Staging Surveillance Palliative  case refer to the Case Priority Criteria to complete this section  ait 2 Priority*: 1						I-TUMOROUS LESIONS OF THE SKII
If Cancer*:   Diagnostic   Treatment   Reconstruction   Prophylactic   Staging   Surveillance   Palliative    Please refer to the Case Priority Criteria to complete this section  Wait 2 Priority*:   Diagnosis Description:     1	Cancer*: Diagnostic						
Please refer to the Case Priority Criteria to complete this section  Wait 2 Priority*:  Diagnosis Description:  Consented Procedure*:  Procedure Notes:  DIT*:  Laterality*:  Attend Short*:  Patient is available on short notice as a last-minute case replacement.  Day Surgery  Day Surgery  Day Surgery  Day Surgery	rase refer to the Case Priority Criteria to complete this section  ait 2 Priority*:   Diagnosis Description:    1	If Cancer*: ☐ Diagn	ostic	☐ Reconstruction ☐ Prophyl			Palliative
Wait 2 Priority*: Diagnosis Description:  Consented Procedure*:  Procedure Notes:  Diagnosis Description:  Attend Short*: Admission Type* Post Procedural De Patient is available on short notice as a last-minute case replacement.  Day Surgery Day Surgery	Diagnosis Description:    Diagnosis Description:   Diagnosis Descriptio					***************************************	
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DTT*:  Laterality*:  MM/DD/YYYY  (if applicable)  Deft  Attend Short*:  Patient is available on short notice as a last-minute case replacement.  Admission Type*  Post Procedural De Day Surgery  Day Surgery	T*:  Laterality*:  (if applicable)  Left  Right  Attend Short*:  Patient is available on short notice as a last-minute case replacement.  Yes  No  Admission Type*  Day Surgery  Day Surgery  Inpatient  Same Day Admit  Unit  Los:  days	Consented Procedu	re*:				
DTT*:  Laterality*:  MM/DD/YYYY  (if applicable)  Patient is available on short notice as a last-minute case replacement.  Patient is available on short notice as a last-minute case replacement.  Day Surgery  Day Surgery	T*:  Laterality*:  (if applicable)  Left  Right  Attend Short*:  Patient is available on short notice as a last-minute case replacement.  Yes  No  Admission Type*  Day Surgery  Day Surgery  Inpatient  Same Day Admit  Unit  Los:  days						
MM/DD/YYYY (if applicable)  Left  Patient is available on short notice as a last- minute case replacement.  Day Surgery  Day Surgery	MM/DD/YYYY  (if applicable) □ Left □ Right  Patient is available on short notice as a last- minute case replacement. □ Yes □ No □ Same Day Admit □ Unit □ Short Stay  Day Surgery □ LCU □ Same Day Admit □ Unit Los: days	Procedure Notes:					
MM/DD/YYYY (if applicable)  Left  Patient is available on short notice as a last- minute case replacement.  Day Surgery  Day Surgery	MM/DD/YYYY  (if applicable) □ Left □ Right  Patient is available on short notice as a last- minute case replacement. □ Yes □ No □ Same Day Admit □ Unit □ Short Stay  Day Surgery □ LCU □ Same Day Admit □ Unit Los: days						
MM/DD/YYYY (if applicable)  Left  Patient is available on short notice as a last- minute case replacement.  Day Surgery  Day Surgery	MM/DD/YYYY  (if applicable) □ Left □ Right  Patient is available on short notice as a last- minute case replacement. □ Yes □ No □ Same Day Admit □ Unit □ Short Stay  Day Surgery □ LCU □ Same Day Admit □ Unit Los: days			101			
Left minute case replacement.	Left		-		co as a last-		
	☐ Right ☐ Yes ☐ Inpatient ☐ ICU ☐ Same Day Admit ☐ Unit ☐ Short Stay ☐ Los: days	MM/DD/YYYY			minute case replacement.  ☐ Yes		Day surgery
	☐ Short Stay  LOS: days						
				□ No			
	ecial Instructions:					☐ Short Stay	LOS: days
		Review by:		Į.	Entered by	/ <u>*</u>	



## Case Priority Criteria

Priority / Target Days	Diagnosis Description	
<b>1</b> (14 days)	BURNS (ACUTE) EXTREMITY OR CRANIOFACIAL FRACTURE (ACUTE) FROSTBITE (ACUTE) NECROTIZING INFECTION NERVE TENDON OR LIGAMENT INJURY (ACUTE)  Urgent; does not require emergency slate:	SOFT TISSUE AND SKIN VASCULAR ANOMALIES (WITH FUNCTIONAL IMPAIRMENT) TRAUMA/ACUTE DISORDERS OR THE HEAD AND NECK BONES AND CARTILAGE TRAUMA/ACUTE DISORDERS OF THE BRACHIAL PLEXUS, PERIPHERAL NERVE AND MUSCLES TRAUMA/ACUTE DISORDERS OF JOINTS, TENDONS OR LIGAMENTS
<b>2</b> (28 days)	Urgent; does not require emergency slate:  AMPUTATION DEFORMITY BENIGN TUMORS (NERVE, GIANT CELL) COSMETIC PROCEDURES RECONSTRUCTION AFTER BURNS, FROSTBITE, NECROTIZING INFECTION  Constant, frequent and/or severe pain/symptoms Significantly impacts ability to play, attend school, or engage in other age-app High probability that treatment delay will adversely affect physical, emotiona Recurring unscheduled health care encounters (i.e., ED/pediatrician/surgeon)	l, or psychosocial development
<b>3</b> (90 days)	ABDOMINAL RECONSTRUCTION BRACHIAL PLEXUS PALSY, EXTREMITY BREAST PATHOLOGY (GYNECOMASTIA, HYPERMASTIA, ASYMMETRY) CRANIOFACIAL BONE LESION EAR DEFORMITIES (FOLLOWING TRAUMA OR TUMOUR RESECTION) EXTREMITY NERVE INJURY (NONACUTE) EXTREMITY TENDON OR LIGAMENT INJURY (NONACUTE) FACIAL HARDWARE (RETAINED) FACIAL NERVE PALSY (CHRONIC TUMOUR OR BELL'S PALSY)  Mild or occasional pain/symptoms Minimally or moderately impacts ability to play, attend school, or engage in o Moderate probability that treatment delay will adversely affect physical, emo Occasional unscheduled health care encounters (i.e., ED/pediatrician/surgeor	otional, or psychosocial development
<b>4</b> (182 days)	ARTHRITIS TREATMENT BREAST MACROMASTIA AND OTHER BENIGN CONDITIONS BREAST IMPLANTS RUPTURED OR LEAKING BREAST RECONSTRUCTION FOR BENIGN CONDITIONS BREAST CANCER RISK PROPHYLACTIC OR CONFIRMED HEREDITARY GENETIC PREDISPOSITION WITH OR WITHOUT IMMEDIATE RECONSTRUCTION BREAST IMPLANT REMOVAL INCREASED RISK OF DEVELOPING LYMPHOMA DECUBITUS ULCER BREAST CAPSULAR CONTRACTURES DUPUYTREN'S CONTRACTURE	EAR DEFORMITIES (CONGENITAL) EAR MICROTIA EXTREMITY FRACTURE DEFORMITY (NONACUTE) FOREIGN BODY SUBCUTANEOUS NERVE OR SKIN LESION (BENIGN) REVISION/REMOVAL RETAINED ALLOPLASTIC DEVICES (PLANNED)
	<ul> <li>Minimal impact on ability to play, attend school, or engage in other age-appropriate</li> <li>Low risk of adversely affecting physical, emotional, or social development ass</li> </ul>	
<b>5</b> (274 days)	BREAST GYNECOMASTIA AND OTHER ANOMALIES (MALE) CRANIOFACIAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) HYPERHIDROSIS NASAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) CRAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) PERIORBITAL DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT) POST-OPERATIVE TUMOR/TRAUMATIC DEFECT (NONACUTE)	POST WEIGHT-LOSS REDUNDANCY OF SOFT TISSUES AND SKIN, TRUNK AND EXTREMITIES  SCAR OR BURN REVISION (WITHOUT FUNCTIONAL IMPAIRMENT)  SKIN LESION/LIPOMA (BENIGN)  SOFT TISSUE DEFORMITY (WITHOUT FUNCTIONAL IMPAIRMENT)  SOFT TISSUE AND SKIN VASCULAR ANOMALIES (WITHOUT FUNCTIONAL IMPAIRMENT)  WOUND CARE FOR DELAYED PRIMARY CLOSURE (CHRONIC)
- •	Elective indication for surgery	
Oncology 1	COMPLEX WOUND RECONSTRUCTION WITH EXPOSED VITAL STRUCTURES     CRANIOFACIAL BONE LESION MALIGNANT	SKIN OR SQUAMOUS CELL NEOPLASM CONFIRMED HIGH-GRADE MALIGNANT
(14 days)	Urgent; does not require emergency slate	SOFT TISSUE OR NERVE HIGH-GRADE TUMOUR MALIGNANT CONFIRMED  Diagnostic Surgical Oncology Cases
2	BREAST CANCER INVASIVE WITH OR WITHOUT IMMEDIATE RECONSTRUCTION CRANIOFACIAL BONE LESION CANCER SUSPECTED	POST NEOPLASM RESECTION SKIN OR SOFT TISSUE DEFECT OR DELAYED     WOUND CLOSURE     SOFT TISSUE OR NERVE CANCER SUSPECTED
(28 days)	Patients diagnosed with highly aggressive malignancies	CIVIN DACAL CELL NEODIACM CONFIDMED LOW COADE MALICHANT
<b>3</b> (42 days)	BREAST CANCER DUCTAL CARCINOMA IN SITU (DCIS) WITH OR WITHOUT IMMEDIATE RECONSTRUCTION     BREAST CANCER RECONSTRUCTION UNPLANNED REVISIONARY PROCEDURES INCLUDING IMPLANT REVISIONS	SKIN BASAL CELL NEOPLASM CONFIRMED LOW-GRADE MALIGNANT SOFT TISSUE OR NERVE LOW-GRADE TUMOUR MALIGNANT CONFIRMED
	All patients with known or suspected highly invasive cancer	☐ Cancer is not highly aggressive or indolent
<b>4</b> (84 days)	□ BREAST CANCER DELAYED RECONSTRUCTION AFTER MASTECTOMY □ BREAST CANCER RECONSTRUCTION PLANNED SECOND STAGE AND REVISIONARY PROCEDURES	□ LYMPHEDEMA AFTER NEOPLASM EXCISION
	Patients diagnosed or suspected to have indolent malignancies	