



**Patient Referral Information**

Introducing: \_\_\_\_\_ DOB: \_\_\_\_\_

Referred to:  First Available       Dr. Hutchens       Dr. Thomas       Dr. Best

Address: \_\_\_\_\_

Phone number(s): Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email Address: \_\_\_\_\_

Referring Doctor/Office: \_\_\_\_\_

**Referred for (check all that apply):**

- Periodontal Evaluation \_\_\_\_\_
- Dental Implant #(s) \_\_\_\_\_
- Recession or Mucogingival Evaluation #(s) \_\_\_\_\_
- Crown Lengthening #(s) \_\_\_\_\_
- Other/Comments \_\_\_\_\_

**Medical Alerts:** \_\_\_\_\_

Does patient require antibiotic pre-medication?     Yes       No

**Diagnostic Information:**

- Wilmington Implant Center to take radiographs (preferred)
- Related radiographs being sent via: (circle one) mail / electronically / patient / other
- Date of image(s) \_\_\_\_\_
- Other (please specify) \_\_\_\_\_

**Appointment Status:**

- Referring doctor will schedule appointment while patient is in the office (preferred)
- Please call patient and coordinate an appointment
- Patient will call to schedule an appointment
- Appointment is scheduled for (day/date/time) \_\_\_\_\_

**Please fax to our office at 910.772.1553 or mail if fax is unavailable**

**From the North:** Take US-17 South Hwy towards Wilmington. Continue onto I-140 West and take Exit 14. Turn right onto US-421 South. Keep left at the fork and follow the signs for US-421 South, which will merge into US-17 North/US-76 East which will take you cross the Cape Fear River, continue North and take a right on 16th Street. Turn right at Doctors Circle. The office will be on the right at 1611 Doctors Circle.

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