WILMINGTON
PERIODONTICS &
IMPLANT CENTER

Patient Referral Form

Referral Date:_____

Requested Doctor: ☐ Lance Hutchens, DDS, MS ☐ John Buyer, DDS, MPH, MS, MSS ☐ First Available

Patient Information:

Introducing: _____ DOB:_____

Address: _____

Phone numbers: Home: _____ Work _____ Cell_____

Email Address: _____

Referring Doctor/Office: _____

Referred for (check all that apply):

- ○ Periodontal Evaluation _____
- ○ Dental Implants _____
- ○ Recession or Soft Tissue Grafting _____
- ○ Crown Lengthening_____
- ○ Extractions or Canine Expose/Bond _____

Medical Alerts:_____

- ○ Does the patient require antibiotic pre-medication? Yes No

Diagnostic Information:

- ○ Wilmington Periodontics & 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:

- ○ Please call patient and coordinate an appointment
- ○ Patient will call to schedule an appointment
- ○ Appointment is scheduled for (date/time) _____

Location:

○ **Wilmington**
1611 Doctors Circle
Wilmington, NC 28401

○ **Southport**
4330 Southport-Supply Road
Suite #206
Southport, NC 28461

Please email or fax to our office: referrals@wilmingtonimplantcenter.com | Fax: 910.772.9770
(Phone, email and fax are the same for both locations)

Lance H. Hutchens DDS,MS,PA
Main: 910.772.9770