



Wilmington Health

Vascular Surgery Specialists

Referral Request

Thank you for referring your patient to Wilmington Health Vascular Surgery for evaluation and treatment. Please fax all related medical records and insurance cards along with this form. We will fax a confirmation of the request within three business days. If you prefer to make your referral by phone or have questions, please call 910.763.6289.

Patient Name: _____ SSN: _____ Sex: _____

DOB: ___/___/___ Address: _____

Home Phone: () _____ Work Phone: () _____

Insurance Company: _____ Authorization Number: _____

Secondary Insurance: _____ Authorization Number: _____

Referring Physician: _____ Practice: _____

Phone: () _____ Fax: () _____

Reason for Referral: _____

Date of Referral: ___/___/___ NPI# _____

We appreciate the referral. If we can be of additional service or if you have questions or concerns, please call 910.763.6289. If you run out of referral forms, you can download additional forms at <http://www.wilmingtonhealth.com/referring-physicians>.

FOR INTERNAL USE

Wilmington Health will fax this form back to your office with an appointment date and time for you to contact the patient. If date/time does not work have the patient contact our office. Thank you for helping us to better serve our patients.

CONFIRMATION: Please contact your patient with this appointment date and time.

Date: ___/___/___ **Time:** ____:____ (AM/PM)

Wilmington Health
Vascular Surgery
1202 Medical Center Drive
Wilmington, NC 28401

1333 South Dickinson Drive
Suite 140
Leland, NC 28451

8114 Market Street
Wilmington, NC 28411

Phone: 910.763.6289
Fax: 910.251.1420
wilmingtonhealth.com