



CENTRAL TEXAS

PERIODONTICS AND IMPLANT DENTISTRY

Patient Referral to: Charles T. Adamo, D.D.S., M.S.

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Phone: (254) 680-0223

8418 Old McGregor Rd.
Waco, TX 76712
Phone: (254) 754-1456

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Email: frontdesk@centexperio.com

Date _____

Referring Doctor's Name _____

Referral For: _____ Comprehensive Periodontal Exam _____ Frenulectomy
_____ Free Gingival or Connective Tissue Graft _____ Gingivectomy
_____ Dental Implants for teeth #'s _____

Notes/Concerns: _____

Patient Information:

Name _____ DOB _____ SS# _____
Address _____ City _____ State _____ Zip Code _____
Home Phone _____ Cell Phone _____ Work Phone _____

Insurance Information:

Subscriber's name _____ Subscriber's DOB _____
Subscriber's SS# _____
Name of insurance _____ Insurance phone # _____
Employer Insurance is through _____ Policy/Group # _____

X-Rays

Pano: Has your office taken a Pano within the past 12 months? Yes No If yes, please mail a copy to us.
PA's: Have you taken any PA's within the past 12 months? Yes No If yes, please indicate what was taken: _____ and if digital, please email to frontdesk@centexperio.com (No need to mail hard copies of periapical x-rays).

Thanks!

Please inform your patient that we will contact them within the next 7 days.
If they have not received our message or spoken with us in this time, they should call our office.