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ADAM CHRISTMAN MS DDS MSD

Practice Limited to Implants and Periodontics

Patient: _____ Date: _____

Telephone: _____

Referred by: _____

PLEASE BRING THIS FORM TO YOUR APPOINTMENT

This patient is being referred for evaluation of the following symptoms/conditions:

- Advanced Periodontal Disease
- Comprehensive Periodontal Evaluation
- Crown Lengthening
- Gingival Contouring for Aesthetics
- Furcation Involvement/Guided Tissue Regeneration
- Implant Consultation
 - Extraction and Immediate Implant
 - Extraction and Ridge Preservation for Delayed Implant
 - Guided Bone Regeneration
 - Sinus Lift
- Isolated Periodontal Evaluation
- Orthodontic Co-therapy
 - Tooth Exposure
- Gingival Recession
- Other: _____
- Biopsy/Oral Lesion
- Gingival Graft
- Frenectomy
- Ridge Augmentation

Comments: _____

Please call before proceeding with treatment I have included radiographs for your evaluation

ContactUs@SouthTexasPerio.com