



**ORAL
SURGERY
CENTER**

2200 East 104th Ave., #116
Thornton, CO 80233
Tel: 303-255-1077
Fax: 303-255-1194

**THE CENTER FOR ORAL &
RECONSTRUCTIVE
SURGERY &
IMPLANTOLOGY**

11246 E. Mississippi Ave
Aurora, CO 80012
Tel: 303-344-0810
Fax: 303-344-5309

**SANTA FE
ORAL
SURGERY
CENTER**

2210 S. Federal Blvd., #1
Denver, CO 80219
Tel: 303-936-5922
Fax: 303-936-5962



ASHRAF W. SEDHOM BDS, MD, FADSA, P.C.
BOARD CERTIFIED
ORAL & MAXILLOFACIAL SURGEON

Today's Date: _____

Patient's Name: _____

Referring for: _____

			A	B	C	D	E	F	G	H	I	J			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
32	31	30	29	28	27	26	25	24	23	22	21	20	19	18	17
			T	S	R	Q	P	O	N	M	L	K			

Pre-operative Patient Instructions:

- You should have nothing to eat or drink (including water) for a minimum of 6 hours before your appointment time
- If your dentist or physician has prescribed any medications for you, please take them with a small amount of water
- You will need to have someone who can drive you home following your surgery because you will not be able to safely operate an automobile

Referred by Dr.: _____

Referring Office phone #: _____

(Turn over for directions to office)

