



**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			

- Instructions for your first appointment:**
- Please bring your referral form
 - Please bring your insurance card & picture ID
 - You need to be able to stand-up for an x-ray
 - Please bring a list of medication if you are taking any
 - Please bring your panoramic x-ray if you have one
 - First appointment is for consultation only
 - No surgery will be performed on your first visit
 - Visit www.ORALSURGERYCENTER.com to print/fill the required "New Patient" forms

Referred by Dr.: _____

Referring Office phone #: _____

