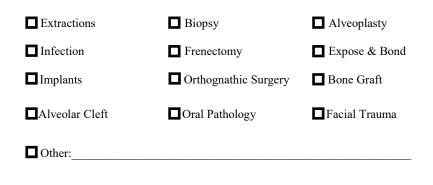
|               | ORAL SURGERY<br>CENTER   | ORAL SURGERY<br>CENTER   | ORAL SURGER<br>CENTER   | Y                       |
|---------------|--|--|---|-------------------------|
| Ggav∕-        | Thornton   | Aurora   | Lakewood  | (2Class-                |
| -             | 2200 East 104th Ave., #116<br>Thornton, CO 80233<br>Tel: 303-255-1077<br>Fax: 303-255-1194 | Tel: 303-344-0810  | 7373 W. Jefferson Ave.<br>Lakewood, CO 802<br>Tel/Fax: 303-936-59 | 35                      |
| T<br>De<br>52 | ora<br>entists<br>280  | F <b>W. SEDHOM BDS, MD, F</b><br>Board certified<br>L & Maxillofacial Su | RGEON   | Fop<br>Dentists<br>5280 |
|               | Patient's Name:  |  |   |                         |
|               | Referred by Dr.:   |  |   | -                       |
|               | Referring Office phone   | #:   |   | -                       |
|               | Referring Office E-mai   | 1:   |   |                         |

## Patient instructions for their first appointment:

- Please bring your referral form
- Please bring your insurance card & picture ID
- You need to be able to stand-up without assistance 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 surgeries
- Visit WWW.ORALSURGERYCENTER.COM to print/fill the required "New Patient" forms

## Patient is being referred for:



|    |    |    | Α  | В  | С  | D  | Е  | F  | G  | Η  | Ι  | 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 |
|    |    |    | Т  | S  | R  | Q  | Р  | 0  | Ν  | Μ  | L  | Κ  |    |    |    |

For your convenience, all paperwork and referrals can be e-mailed to: contactus@oralsurgerycenter.com