



**ORAL SURGERY
CENTER**

Thornton

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

**ORAL SURGERY
CENTER**

Aurora

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

**ORAL SURGERY
CENTER**

Lakewood

7373 W. Jefferson Ave. #102
Lakewood, CO 80235
Tel/Fax: 303-936-5922



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



Today's Date: _____

Patient's Name: _____

Referred by Dr.: _____

Referring Office phone #: _____

Referring Office E-mail: _____

- 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:

- | | | |
|---|---|--|
| <input type="checkbox"/> Extractions | <input type="checkbox"/> Biopsy | <input type="checkbox"/> Alveoplasty |
| <input type="checkbox"/> Infection | <input type="checkbox"/> Frenectomy | <input type="checkbox"/> Expose & Bond |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Orthognathic Surgery | <input type="checkbox"/> Bone Graft |
| <input type="checkbox"/> Alveolar Cleft | <input type="checkbox"/> Oral Pathology | <input type="checkbox"/> Facial Trauma |
| <input type="checkbox"/> Other: _____ | | |

| | | | | | | | | | | | | | | | |
|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| | | | 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 | | | |

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