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
Aurora, CO 80012
Tel: 303-344-0810
Fax: 303-344-5309

ORAL SURGERY CENTER
Lakewood
7373 W. Jefferson Ave. #102
Lakewood, CO 80235
Tel: 303-936-5922

Top Dentists 5280

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

Top Dentists 5280

Today's Date: _____

Patient's Name: _____

Referring 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 asistance 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
- Visit WWW.ORALSURGERYCENTER.COM to print/fill the required "New Patient" forms

Patient is being referred for:

- ☐ Extractions
- ☐ Biopsy
- ☐ Alveoplasty
- ☐ Infection
- ☐ Frenectomy
- ☐ Expose & Bond
- ☐ Implants
- ☐ Orthognathic Surgery
- ☐ Bone Graft
- ☐ Alveolar Cleft
- ☐ Oral Pathology
- ☐ Facial Trauma
- ☐ 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			

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