SicatHSU Oral & Maxillofacial Surgery

Dental Practice of Christensen Sicat Hsu, DDS Inc.

Please email a copy of the referral and any relevant X-rays to
info @shomsdds.com

Referring Dr. _____ Date: _____

Referring Office: _____ Phone#: _____

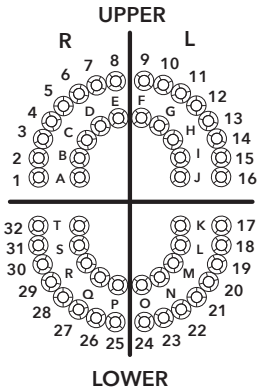
Patient: _____ Phone#: _____

E-Mail: _____

Insurance Info: _____ Plan ID#: _____

Procedure:

- ☐ Extractions
- ☐ Exposure & Bond
- ☐ Implants
- ☐ Alveolopasty
- ☐ Biopsy
- ☐ Incision & Drainage
- ☐ Frenectomy
- ☐ Torus Removal
- ☐ Bone Grafting
- ☐ Other: _____



Preferred Implant:

_____

Notes:

5256 S Mission Rd, Suite 1103
Bonsall, CA 92003
Phone: (760) 350-2060

Scan Me

Office Hours:
Monday: 7am-4pm
Tuesday: 7am-4pm
Wednesday: 7am-4pm
Thursday: 7am-4pm
Friday: 7am-4pm
Saturday: By Appointment