



Benjamin Yagoubian DDS, MD  
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Patient Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Referring Doctor: \_\_\_\_\_

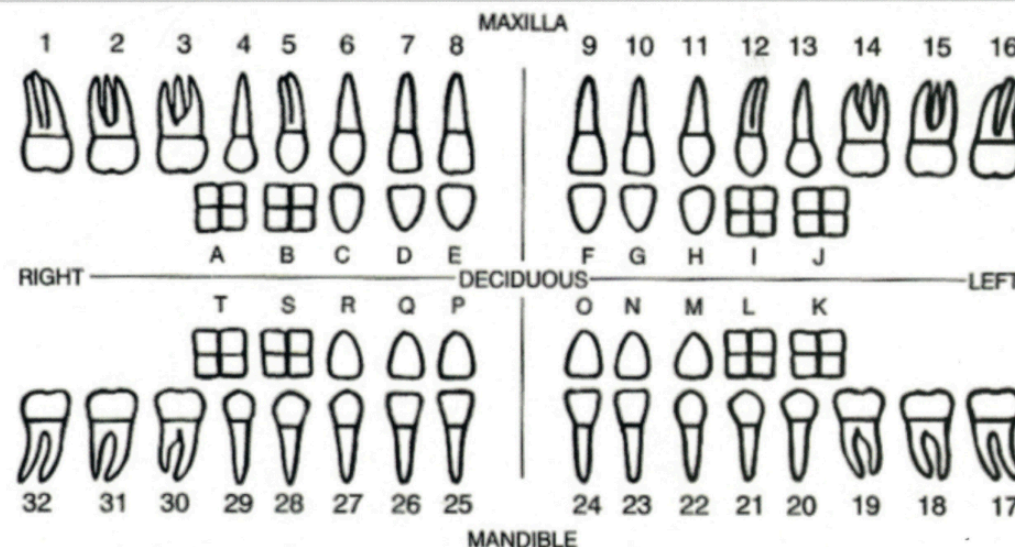
Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Appointment Date and Time: \_\_\_\_\_

**Referred for:**

- |  |   |
|--|---|
| <input type="checkbox"/> Alveoplasty         | <input type="checkbox"/> Orthognathic Surgery |
| <input type="checkbox"/> Botox / Fillers     | <input type="checkbox"/> Pathology            |
| <input type="checkbox"/> Bone Graft          | <input type="checkbox"/> Sleep Apnea          |
| <input type="checkbox"/> Dental Implants     | <input type="checkbox"/> TMJ Pain             |
| <input type="checkbox"/> Expose & Bond       | <input type="checkbox"/> Trauma               |
| <input type="checkbox"/> Extraction          | <input type="checkbox"/> Wisdom Teeth         |
| <input type="checkbox"/> Incision & Drainage |   |

**PAYMENT IS EXPECTED AT TIME OF SERVICE.**



1. Patients anticipating general anesthesia or IV sedation **must NOT have anything to eat or drink 8 hours prior to the scheduled appointment.** An adult must accompany and escort the patient home.
2. Minors (under 18 years of age) must have a parent or legal guardian present at the time of consultation and surgery.
3. Please bring this referral card.
4. Bring all insurance information and available X-ray(s).
5. Advise the office of prescribed medications that the patient is regularly taking.
6. Wear loose-fitting, comfortable, and short-sleeved clothing.
7. **The night before surgery, do not drink alcoholic beverages.**