



Mission Dental Implant Center and Peridontal Care

AL MANESH, D.M.D., INC.
PERIODONTIST

ACKNOWLEDGMENT

This form acknowledges your receipt of the HIPAA Notice of Privacy Practices as provided by our office. The HIPAA Notice of Privacy Practices describes how your protected health information may be used and disclosed.

Print Name: _____

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Date: _____

- COMPUTER-AIDED IMPLANT PLACEMENT
- PLASTIC PERIODONTAL SURGERIES
- COSMETIC GUM SURGERIES
- IMPLANT DENTISTRY
- PERIODONTAL CARE
- BONE GRAFTING
- CT SCAN

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AMERICAN ACADEMY OF
IMPLANT DENTISTRY

FELLOW, INTERNATIONAL
CONGRESS OF ORAL
IMPLANTOLOGISTS

AMERICAN ACADEMY
OF PERIDONTOLOGY

ACADEMY OF
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**“Creating
aesthetic
excellence”**