



# 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: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

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IMPLANT DENTISTRY

FELLOW, INTERNATIONAL  
CONGRESS OF ORAL  
IMPLANTOLOGISTS

AMERICAN ACADEMY  
OF PERIDONTOLOGY

ACADEMY OF  
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***“Creating  
aesthetic  
excellence”***