



San Diego Dental Specialty Center

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Hassan Michael Haidar, D.D.S

ORAL AND MAXILLOFACIAL SURGEON

IMPLANTOLOGY

DENTOALVEOLAR SURGERY

Must bring Referral

Minor must be accompanied by parent or legal guardian

Patient Name: _____

Home Phone: _____ Work Phone: _____

Email: _____

Referring Office / Doctor: _____

Phone: _____

Appointment Date: _____ Time: _____

Pano? Yes No Will Mail Take

<u>Right</u>								<u>Left</u>							
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
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
8	7	6	5	4	3	2	1	1	2	3	4	5	6	7	8
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			

If for any reason you cannot make this appointment, Please let us know at least 48 hours in advance