



Pacifica Center™

Oral and Facial Surgery

www.pacificasurgerycenter.com

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Diplomate of The American Board
of Oral and Maxillofacial Surgery

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7695 Cardinal Court
Suite 350

San Diego, CA 92123

Date _____

Patient Name _____

Daytime Phone _____

Email _____

Office Phone _____

Procedures

- | | | |
|--|--|--|
| <input type="checkbox"/> Extraction | <input type="checkbox"/> Lesion Evaluation | <input type="checkbox"/> Expose and Bond |
| <input type="checkbox"/> Alveoloplasty | <input type="checkbox"/> Exposure | <input type="checkbox"/> Soft Tissue |
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Hard Tissue | <input type="checkbox"/> Frenectomy |
| <input type="checkbox"/> Incision & Drainage | <input type="checkbox"/> Infection | |

Consultation

- | | |
|--|---|
| <input type="checkbox"/> TMJ | <input type="checkbox"/> Cleft Lip & Palate |
| <input type="checkbox"/> Implants | <input type="checkbox"/> Cosmetic |
| <input type="checkbox"/> Orthognathic Evaluation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Pre-Prosthetic | _____ |

Referring Doctor _____

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