

DENTAL BOARD OF CALIFORNIA

LICENSING DETAILS FOR: 105020

NAME: HANNA, NADA MAURICE IBRAH

LICENSE TYPE: DENTIST

PRIMARY STATUS: CURRENT - ACTIVE

METHOD OF APPLICATION: LICENSURE BY WREB

PREVIOUS NAMES: HANNA, NADA MAURICE

ADDRESS OF RECORD

16681 WYNDHAM LN

UNIT 11

FONTANA CA 92336

SAN BERNARDINO COUNTY

ISSUANCE DATE

JULY 14, 2020

EXPIRATION DATE

MARCH 31, 2027

CURRENT DATE / TIME

APRIL 3, 2025
5:54:56 AM

LICENSE RELATIONSHIPS

OCS TO DDS, OMS, OR SP

LICENSE/REGISTRATION ROLE: MUST HOLD AN
ACTIVE DENTAL LICENSE, ORAL MAXILLOFACIAL
SURGERY PERMIT, OR SPECIAL PERMIT

RELATED PARTY ROLE: ORAL CONSCIOUS
SEDATION CERTIFICATE

NAME: HANNA, NADA MAURICE IBRAH

LICENSE/REGISTRATION TYPE: ORAL CONSCIOUS
SEDATION CERTIFICATE

LICENSE NUMBER: 4547 **PRIMARY STATUS:**
CURRENT - ACTIVE

ADDRESS :
1629 S RIVERSIDE AVE
RIALTO CA 92376-7707
MAP