

Registro de Pacientes

PACIENTE INFORMACIÓN									
Apellido			Nombre			M.I.	Fecha de Nacimiento		
Dirección de la Calle						No. Seguridad Social			
Ciudad			Estado		ZIP				
No. de Teléfono			Dirección de Correo Electrónico						
Género	<input type="checkbox"/> Hombre	<input type="checkbox"/> Mujer	Estado Civil	<input type="checkbox"/> Menores de 18 años	<input type="checkbox"/> Casado/a	<input type="checkbox"/> Solo/a	<input type="checkbox"/> Divorciado/a	<input type="checkbox"/> Separado/a	
Nombre del Empleador	Ocupación			Teléfono del empleador					
Nombre de algún familiar que se atienda aquí									

INFORMACIÓN DE ASEGURANZA									
(INDIQUE SU TARJETA DE ASEGURANZA A LA RECEPCIONISTA)									
Apellido del asegurado Primario			Primero			M.I.	Fecha de Nacimiento		
Dirección de la Calle						No. Seguro Social			
Ciudad			Estado		ZIP				
No. de Teléfono			Relación con el Paciente		<input type="checkbox"/> Uno mismo <input type="checkbox"/> Pareja <input type="checkbox"/> Niño <input type="checkbox"/> Otros:				
Nombre de Plan Seguro:			ID/SSN		No. Grupo				

INFORMACIÓN DE CONTACTO DE EMERGENCIA	
Nombre	No. de Teléfono

REMISIÓN DE INFORMACIÓN	
¿A quien le podemos dar gracias por la referencia a nuestra oficina?	
Amigo o Pariente	Otro Paciente
<input type="checkbox"/> Seguros <input type="checkbox"/> Sitio Web <input type="checkbox"/> Periódico <input type="checkbox"/> Correo <input type="checkbox"/> Escuela <input type="checkbox"/> Trabajo <input type="checkbox"/> Otros:	

HISTORIA DENTAL	
Dentista anterior:	
Motivo de la visita de hoy:	
Fecha del último examen dental:	Fecha de última radiografías dentales:
¿TIENES ALGUNO DE LOS SIGUIENTES?	
<input type="checkbox"/> Mal aliento <input type="checkbox"/> Sangrado de las encías <input type="checkbox"/> Chasquido o estallido quijada	<input type="checkbox"/> Colección de comida entre los dientes <input type="checkbox"/> Rechina los dientes <input type="checkbox"/> Dientes flojos
<input type="checkbox"/> Tratamiento periodontal <input type="checkbox"/> Sequedad en la boca <input type="checkbox"/> Sensibilidad a caliente/frío/dulce	<input type="checkbox"/> Rellenos de quebradas <input type="checkbox"/> Sensibilidad al morder <input type="checkbox"/> Trabajo previo de ortodoncia

EXENCIÓN DE RESPONSABILIDAD Y FIRMA	
Con mi firma abajo, certifico que las informaciones arriba es verdadera, exacta y completa. Si hay algún cambio, le informare a myDental en la próxima cita. Además, permito que myDental lleve comunicaciones electrónicas automatizadas por correo electrónico, texto y teléfono que aparecen en mi registro que implican, pero no se limitan a, recordatorios, seguimientos, ofertas, etc. Tengo la opción de cambiar mi preferencia de comunicación en cualquier momento.	
Firma del Paciente/Tutor	Fecha

The Dental Board of California

Dental Materials Fact Sheet

Supplied by the Board on October 17, 2001

As required by Chapter 801, Statutes of 1992, the Dental Board of California has prepared this fact sheet to summarize information on the most frequently used restorative dental materials. Information on this fact sheet is intended to encourage discussion between the patient and dentist regarding the selection of dental materials best suited for the patient's dental needs. It is not intended to be a complete guide to dental materials science.

The most frequently used materials in restorative dentistry are amalgam, composite resin, glass ionomer cement, resin-ionomer cement, porcelain (ceramic), porcelain (fused-to-metal), gold alloys (noble), and nickel or cobalt-chrome (base-metal) alloys. Each material has its own advantages and disadvantages, benefits and risks. These and other relevant factors are compared in the attached matrix titled, "Comparisons of Restorative Dental Materials." A "glossary of Terms" is also attached to assist the reader in understanding the terms used.

The statements made are supported by relevant, credible dental research published mainly between 1993-2001. In some cases, where contemporary research is sparse, we have indicated our best perceptions based upon information that predates 1993.

The reader should be aware that the outcome of dental treatment or durability of a restoration is not solely a function of the material from which the restoration was made. The durability of any restoration is influenced by the dentist's technique when placing the restoration, the ancillary materials used in the procedure, and the patient's cooperation during the procedure. Following restoration of the teeth, the longevity of the restoration will be strongly influenced by the patient's compliance with dental hygiene and home care, their diet and chewing habits.

Both the public and the dental profession are concerned about the safety of dental treatment and any potential health risks that might be associated with the materials used to restore the teeth. All materials commonly used (and listed in this fact

sheet) have been shown- through laboratory and clinical research as well as through extensive clinical use - to be safe and effective for the general population. The presence of these materials in the teeth does not cause adverse health problems for the majority of the population. There exist a diversity of various scientific opinions regarding the safety of mercury dental amalgams. The research literature in peer-reviewed scientific journals suggests that otherwise healthy women, children, and diabetics are not at increased risk for exposure to mercury from dental amalgams. Although there are various opinions with regard to mercury risk in pregnancy, diabetes, and children, these opinions are not scientifically conclusive and therefore the dentist the dentist may want to discuss these opinions are not scientifically conclusive and therefore the dentist may want to discuss these opinions with their patients. There is no research evidence that suggests pregnant women, diabetics and children are at increased health risk from dental amalgam fillings in their mouth. A recent study reported in the JADA factors in a reduced tolerance (1/50th of the WHO safe limit) for exposure in calculating the amount of mercury that might be taken in from dental fillings. This level falls below the established safe limits for exposure to a low concentration of mercury or any other released component from a dental restorative material. Thus, while these sub-populations may be perceived to be at increased health risk from exposure to dental restorative materials, the scientific evidence does not support that claim. However, ether are individuals who may be susceptible to sensitivity, allergic or adverse reactions to selected materials. As with all dental materials, the risks and benefits should be discussed with the patient, especially with those in susceptible populations.

There are differences between dental materials and the individual elements or components that compose these materials. For example, dental amalgam filling material is composed mainly of mercury (43-54%) and varying percentages of silver, tin, and copper (46-57%). It should be noted that elemental mercury is listed on the Proposition 65 list of known toxins and carcinogens. Like all materials in our environment, each of these elements by themselves is toxic at some level of concentration if they are taken into the body. When they are mixed together, they react chemically to form a crystalline metal alloy. Small amounts of free mercury may be released from amalgam fillings over time and can be detected in bodily fluids and expired air. The important question is whether any free mercury is present in sufficient levels to pose a health risk. Toxicity of any substance is related to dose, and doses of mercury or any other element that may be released from

Types of Restorative Dental Materials				
Comparative Factors	Amalgam	Composite Resin (direct and indirect Restorations)	Glass ionomer cement	Resin ionomer cement
General Description	Self-hardening mixture in varying percentages of a liquid mercury and silver-tin alloy powder	Mixture of powdered glass and plastic resin, self-hardening or hardened by exposure to blue light	Self-hardening mixture of glass and organic acid	Mixture of glass resin polymer and organic acid self-hardening by exposure
Principle Uses	Fillings sometimes for replacing portions of broken teeth	Fillings, inlays veneers, partial and complete crowns, sometimes for replacing portions of broken teeth	Small fillings cementing metal & porcelain metal crown, inlays	Small fillings cementing metal, porcelain metal crowns, inlays
Resistance to Further Decay	High self-sealing characteristics helps resist recurrent decay but recurrent decay around amalgam is difficult to find in early stage	Moderate, recurrent decay is easily detected in early stages	Low/moderate some resistance to decay may be imparted through fluoride release	Low/moderate resistance to decay may be imparted through fluoride release
Estimated Durability (Permanent teeth)	Durable	Strong, durable	Non-stress bearing crown cement	Non-stress bearing crown cement
Relative Amount of Tooth Preserved	Fair, requires removal of healthy tooth to be mechanically retained, no adhesive bond of amalgam to the tooth	Excellent, bonds adhesively to healthy enamel and dentin	Excellent, bonds adhesively to healthy enamel and dentin	Excellent, bond adhesively to the enamel and dentin
Resistance to Surface Wear	Low similar to dental enamel, brittle metal	May wear slightly faster than dental enamel	Poor in stress bearing applications. Fail in non-stress bearing applications	Poor in stress bearing applications. Go non-stress bearing applications
Resistance to Fracture	Amalgam may fracture under stress, both around filling may fracture before the amalgam does	Good resistance to fracture	Brittle, low resistance to fracture but not recommended for stress-bearing restorations	Tougher than glass-ionomer. Recommended to stress bearing restoration
Resistance to Leakage	Good self-sealing by surface corrosion, margins may chip over time	Good if bonded to enamel may show leakage over time when bonded to dentin, does not corrode	Moderate, tends to crack over time	Good, bonded to resin and dentinal post-insert expansion may be seal the margins
Resistance to Occlusal Stress	High, but lack of adhesion may weaken the remaining tooth	Good to excellent depending upon product used	Poor, not recommended for stress-bearing restorations	Moderate, not recommended to restore biting surface of adults, may be used for short term primary teeth restoration
Toxicity	Generally safe, occasional allergic reactions to metal components. However, amalgams contain mercury. Mercury in its elemental form is toxic and as such is listed on prop 65	Concerns about trace chemical release are not supported by research studies. Safe, no known toxicity documented. Contains some compounds listed on prop 65	No known incompatibilities safe, no known toxicity documented	No known incompatibilities safe, no known toxicity documented
Allergic or Adverse Reactions	Rare, recommend that dentist evaluate patient to rule out metal allergies	No documentation for allergic reactions was found	No documentation for allergic reactions was found, progressive roughening of the surface may predispose to plaque accumulation and periodontal disease	No known documented allergic reactions. Surface may roughen over time, predispose to plaque accumulation and periodontal disease
Susceptibility To Post-Operative Sensitivity	Minimal high thermal conductivity may promote temporary sensitivity to hot & cold, contact with other metals may cause occasional & transient galvanic response	Moderate, material is sensitive to dentist's technique, material shrinks slightly when hardened, and a poor seal may lead to bacterial leakage, recurrent decay and tooth hypersensitivity	Low, material seals well and does not irritate pulp	Low, material seals well and does not irritate pulp
Esthetics (Appearance)	Very poor. Not tooth colored, initially silver-gray gets darker becoming black as it corrodes. May stain teeth dark brown or black over time	Excellent, often indistinguishable from natural tooth	Good, tooth colored, varies in translucency	Very good, more translucency than glass ionomer
Frequency of Repair or Replacement	Low, replacement is usually due to fracture of the filling or the surrounding tooth	Low to moderate, durable material hardens rapidly. Some composite materials show more rapid than amalgam. Replacement	Moderate, slowly dissolves in mouth, easily dislodged	Moderate, may hold better than ionomer but not as well as composite
Relative Costs to Patient	Low, relatively inexpensive, actual cost of fillings depends upon their size.	Moderate, higher than amalgam fillings, actual cost of fillings depends upon their size, veneers & crowns cost more.	Moderate, similar to composite resin (not used for veneer and crowns)	Moderate, similar to composite resin (not used for veneer and crowns)
Number of Visits	Single visit (polishing)	Single visit for fillings, more for veneers & crowns	Single visit	Single visit

dental amalgam fillings falls far below the established safe levels as stated in the 1999 US Health and Human Service Toxicological Profile for Mercury Update.

All dental restorative materials (as well as all materials that we come in contact with in our daily life) have the potential to elicit allergic reactions in hypersensitive individuals. These must be assessed on a case-by-case basis, and susceptible individuals should avoid contact with allergenic materials. Documented reports of allergic reactions to dental amalgam exist (usually manifested by transient skin rashes in individuals who have come into contact with the material), but they are atypical. Documented reports of toxicity to dental amalgam exist, but they are rare. There have been anecdotal reports of toxicity to dental amalgam and as with all dental material risks and benefits of dental amalgam should be discussed with the patient, especially with those in susceptible populations.

Composite resins are the preferred alternative to amalgam in many cases. They have a long history of biocompatibility and safety. Composite resins are composed of a variety of complex inorganic and organic compounds, any of which might provoke allergic response in susceptible individuals. Reports of such sensitivity are atypical. However, there are individuals who may be susceptible to sensitivity, allergic or adverse reactions to composite resin restorations. The risks and benefits of all dental materials should be discussed with the patient, especially with those in susceptible populations.

Other dental materials that have elicited significant concern among dentists are nickel-chromium-beryllium alloys used predominantly for crowns and bridges. Approximately 10% of the female populations are alleged to be allergic to nickel. The incidence of allergic response to dental restorations made from nickel alloys is surprisingly rare. However, when a patient has a positive history of confirmed nickel allergy, or when such hypersensitivity to dental restorations is suspected. Alternative metal alloys may be used. Discussion with the patient of the risks and benefits of these materials is indicated.

Glossary of Terms

General Description

Principle Uses- the types of dental restorations that are made from this material

Resistance to further decay- the general ability of the material to prevent decay around it

Longevity/durability- the probable average length of time before the material will have to be replaced (this will depend upon many factors unrelated to the material such as biting habits of the patient, The diet, the strength of their bite, oral hygiene, etc)

Conservation of Tooth Structure- a general measure of how much tooth needs to be removed in order to place and retain the material

Surface wear/fracture resistance- a general measure of how well the material holds up over time under the forces of biting, grinding, clenching, etc.

Marginal integrity (leakage)- an indication of the ability of the material to seal the interface between the restoration and the tooth, thereby helping to prevent sensitivity and new decay.

Resistance to occlusal stress- the ability of the material to survive heavy biting forces over time

Biocompatibility- the effect, if any, of the material on the general overall health of the patient

Allergic or adverse reactions- possible systemic or localized reactions of the skin, gums, and other tissues to the materials

Toxicity- an indication of the ability of the material to interfere with normal physiologic processes beyond the mouth

Susceptibility to sensitivity- an indication of the probability that the restored teeth may be sensitive stimuli (heat, cold, sweet, pressure) after the material is placed in them

Esthetics- indication of the degree to which the material resembles natural teeth

Frequency of repair or replacement- an indication of the expected longevity of the restoration made from this material

Relative cost- a qualitative indication of what one would pay for a restoration made from this material compared to all the rest

Number of visits required- how many times a patient would usually have to go to the dentist's office in order to get a restoration made from this material

Dental amalgam- filling material which is composed mainly of mercury (43-54%) and varying percentages of silver, in, and copper(48-57%)

TYPES OF INDIRECT RESTORATIVE DENTAL MATERIALS				
Comparative Factors	Porcelain (ceramic)	Porcelain (fused to metal)	Gold alloys (noble)	Nickel or Cobalt-chrome (base-metal) alloys
General Description	Glass-like material formed into fillings and crowns using models of the prepared teeth	Glass-like material that is enameled onto metal shells. Used for crowns and fixed bridge	Mixtures of gold, copper and other metals used mainly for crowns and fixed bridges	Mixtures of nickel, chromium
Principle Users	Inlays, veneers, crowns and fixed bridges	Crowns and fixed bridges	Cast crowns & fixed bridges; some partial denture frameworks	Crowns and fixed bridges; most partial denture frameworks
Resistance to Further Decay	Good, if the restoration fits well	Good, if the restoration fits well	Good, if the restoration fits well	Good, if the restoration fits well
Estimated Durability (permanent Teeth)	Moderate; brittle material that may fracture high biting forces, not recommended for posterior (molar) teeth	Very good, less susceptible to fracture due to the metal substructure	Excellent; does not fracture under stress; does not corrode in the mouth	Excellent; does not fracture under stress; does not corrode in the mouth
Relative Amount of Teeth Preserved	Good; moderate removal of natural tooth is necessary for veneers; more for crowns since strength is related to its bulk	Moderate-high; More tooth must be removed to permit the metal to accompany the porcelain	Good, a strong material that requires removal of a thin outside layer of the tooth	Good, a strong material that requires removal of a thin outside layer of the tooth
Resistance to Surface Wear	Resistant to surface wear, but abrasive to opposing teeth	Resistant to surface wear, permits either metal or porcelain on the biting surface of crowns & bridge	Similar hardness to natural enamel; does not abrade opposing teeth	Harder than natural enamel but minimally abrasive to opposing natural teeth; not fracture in bulk
Resistance to Fracture	Poor resistance to fracture	Porcelain may fracture	Does not fracture in bulk	Does not fracture in bulk
Resistance to Leakage	Very good can be truncated for very accurate fit of the margins	Good; very good depending upon design of the margins of the crowns	Very good-excellent. Can be formed with great precision; can be tightly adapted to the tooth	Good-very good; stiffer than gold; less adaptable, but can be formed with great precision
Resistance to Occlusal Stress	Moderate; brittle material susceptible to fracture under biting forces	Very good. Metal substructure gives high resistance to fracture	excellent	Excellent
Toxicity	Excellent. No known adverse effects	Very good to excellent. Occasionally rare allergy to metal alloys used	Excellent; rare allergy to some alloys	Good; nickel allergies are common among women, although rarely manifested in dental restorations
Allergic or Adverse Reactions	none	Rare. Occasional allergy to metal substructures	Rare; occasional allergic reactions seen in susceptible individual	Occasional; infrequent reactions to nickel
Susceptibility To Post-Operative Sensitivity	Not material dependent; does not conduct heat and cold well	Not material dependent; does not conduct heat and cold well	Conducts heat and cold; may irritate sensitive teeth	Conducts heat and cold; may irritate sensitive teeth
Esthetics (Appearance)	excellent	Good to excellent	Poor-yellow metal	Poor-dark silver metal
Frequency of Repair or Replacement	Varies; depends upon biting forces; fractures of molar teeth are more likely than anterior teeth; porcelain fracture may often be repaired with composite resin	Infrequent; porcelain fracture can often be repaired with composite resin.	Infrequent; replacement is usually due to recurrent decay around margins	Infrequent; replacement is usually due to recurrent decay around margins
Relative Costs to Patient	High; requires at least two office visits and laboratory services	High; requires at least two office visits and laboratory services	High; requires at least two office visits and laboratory services	High; requires at least two office visits and laboratory services
Number of Visits Required	Two-minimum; matching esthetics of tooth may require more visits	Two-minimum; matching esthetics of tooth may require more visits	Two-minimum	Two-minimum

I acknowledge receiving dental material sheet.

Signature _____

Date _____

Historia Médica

Aunque el personal del consultorio sobre todo trata el área en y alrededor de su boca, su boca es una parte de su cuerpo. Problemas de salud que pueda tener, o medicamentos que usted puede estar tomando, podrían tener una importante relación con la odontología que recibirá. Gracias por contestar las siguientes preguntas.

Nombre del Paciente			
Nombre del Médico de Atención Primaria			No. de Teléfono
¿Cuál es su estimación de su salud general?	<input type="checkbox"/> Excelente	<input type="checkbox"/> Buena	<input type="checkbox"/> Feria <input type="checkbox"/> Pobre

- ¿Estás bajo cuidado de un médico? Sí No En caso afirmativo, sírvase precisar la respuesta:
- ¿Ha usted alguna vez sido hospitalizados o tenía una operación importante? Sí No En caso afirmativo, sírvase precisar la respuesta:
- ¿Alguna vez ha tenido una lesión grave de la cabeza o el cuello? Sí No En caso afirmativo, sírvase precisar la respuesta:
- ¿Está tomando cualquier medicamento, pastillas o medicamentos? Sí No En caso afirmativo, sírvase precisar la respuesta:
- ¿Toma o ha tomado, Phen-Fen o Redux? Sí No
- ¿Alguna vez ha tomado otros medicamentos que contienen bisfosfonatos, Actonel, Fosamax y Boniva? Sí No
- ¿Está usted en una dieta especial? Sí No
- ¿Consumes tabaco? Sí No
- ¿Utilizas sustancias controladas? Sí No
- ¿Ronca? Sí No
- ¿Actualmente utilizas una máquina CPAP? Sí No
- ¿Usted ha sido diagnosticado con apnea del sueño? Sí No

MUJERES: ESTA USTED

Embarazadas/Tratando de quedar embarazada? Sí No Tomando anticonceptivos orales? Sí No Enfermería? Sí No

¿ES ALÉRGICO A ALGUNO DE LOS SIGUIENTES?

- Aspirina Penicilina Codeína Anestésicos Locales Acrílica Metal Látex Sulfamidas
- Otros:

¿TIENES, O ¿HA TENIDO, ALGUNO DE LOS SIGUIENTES?

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> AIDS/HIV Positivo | <input type="checkbox"/> Medicina de cortisona | <input type="checkbox"/> Hemofilia | <input type="checkbox"/> Tratamientos de radiación |
| <input type="checkbox"/> Enfermedad de Alzheimer | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis A | <input type="checkbox"/> Pérdida de peso reciente |
| <input type="checkbox"/> Anafilaxia | <input type="checkbox"/> Adicción a las drogas | <input type="checkbox"/> Hepatitis B o C | <input type="checkbox"/> Diálisis renal |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Fácilmente el aliento | <input type="checkbox"/> Herpes | <input type="checkbox"/> Fiebre reumática |
| <input type="checkbox"/> Angina de pecho | <input type="checkbox"/> Enfisema | <input type="checkbox"/> Presión arterial alta | <input type="checkbox"/> Reumatismo |
| <input type="checkbox"/> Artritis/Gota | <input type="checkbox"/> Epilepsia o convulsiones | <input type="checkbox"/> Colesterol alto | <input type="checkbox"/> Fiebre escarlata |
| <input type="checkbox"/> Válvula artificial del corazón | <input type="checkbox"/> Sangrado excesivo | <input type="checkbox"/> Urticaria o erupción | <input type="checkbox"/> Tejas |
| <input type="checkbox"/> Articulación artificial | <input type="checkbox"/> Sed excesiva | <input type="checkbox"/> Hipoglucemia | <input type="checkbox"/> Enfermedad de células falciformes |
| <input type="checkbox"/> Asma | <input type="checkbox"/> Hechizos/mareos desmayos | <input type="checkbox"/> Latido irregular corazón | <input type="checkbox"/> Problemas de seno |
| <input type="checkbox"/> Enfermedad de la sangre | <input type="checkbox"/> Tos frecuente | <input type="checkbox"/> Problemas de riñón | <input type="checkbox"/> Espina bífida |
| <input type="checkbox"/> Transfusión de sangre | <input type="checkbox"/> Diarrea frecuente | <input type="checkbox"/> Leucemia | <input type="checkbox"/> Enfermedad estomacal, Intestinal |
| <input type="checkbox"/> Problemas respiratorios | <input type="checkbox"/> Frecuentes dolores de cabeza | <input type="checkbox"/> Enfermedad del hígado | <input type="checkbox"/> Accidente cerebrovascular |
| <input type="checkbox"/> Moretones con facilidad | <input type="checkbox"/> Herpes genital | <input type="checkbox"/> Presión arterial baja | <input type="checkbox"/> Hinchazón de las extremidades |
| <input type="checkbox"/> Cáncer | <input type="checkbox"/> Glaucoma | <input type="checkbox"/> Enfermedad pulmonar | <input type="checkbox"/> Enfermedad de la tiroides |
| <input type="checkbox"/> Quimioterapia | <input type="checkbox"/> Fiebre del heno | <input type="checkbox"/> Prolapso de válvula mitral | <input type="checkbox"/> Amigdalitis |
| <input type="checkbox"/> Dolores en el pecho | <input type="checkbox"/> Ataque al corazón, insuficiencia | <input type="checkbox"/> Osteoporosis | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Ampollas del herpes labial, fiebre | <input type="checkbox"/> Soplo cardíaco | <input type="checkbox"/> Dolor en las articulaciones de la mandíbula | <input type="checkbox"/> Tumores o crecimientos |
| <input type="checkbox"/> Trastorno congénito del corazón | <input type="checkbox"/> Marcapasos de corazón | <input type="checkbox"/> Enfermedad paratiroidea | <input type="checkbox"/> Úlceras |
| <input type="checkbox"/> Convulsiones | <input type="checkbox"/> Problemas/enfermedades del corazón | <input type="checkbox"/> Atención psiquiátrica | <input type="checkbox"/> Enfermedad venérea |
- Alguna vez ha tenido cualquier otra enfermedad grave no escrita? Sí No En caso afirmativo, sírvase precisar la respuesta:

COMENTARIOS

EXENCIÓN DE RESPONSABILIDAD Y FIRMA

Las preguntas fueron contestadas con lo mejor de mi conocimiento, las preguntas en este formulario han sido respondidas con precisión. Entiendo que proporcionar información incorrecta puede ser peligroso para mí (o del paciente) salud. Es mi responsabilidad informar a la oficina dental de cualquier cambio en la condición médica.

Firma del Paciente/Tutor

Fecha

Política Financiera

Como condición para su tratamiento por esta oficina, los acuerdos financieros deben hacerse por adelantado. La práctica depende del reembolso de los pacientes por los costos incurridos en su cuidado y responsabilidad financiera por parte de cada paciente debe ser determinado antes del tratamiento.

General

Gracias por elegir a nuestra práctica como su proveedor de Cuidado Dental. Estamos comprometidos con el éxito de su tratamiento. Por favor, entienda que el pago de su factura se considera una parte de su tratamiento. La siguiente es una declaración de nuestra política financiera, que le pedimos que lea y firme antes del tratamiento. Todos los pacientes deben completar nuestro formulario de información y seguro antes de ver al doctor.

Pago

El pago se espera siempre en el momento del tratamiento al menos que sepa que su seguro va a pagar el 100%. Todas las opciones de pago tendrán que ser discutidas con uno de nuestros coordinadores de programación o nuestro administrador de empresas.

ACEPTAMOS EFECTIVO, VISA, MASTERCARD, AMERICAN EXPRESS, DISCOVER, CARE CREDIT

Plan De Tratamiento

Si se diagnostica que necesita cualquier tratamiento dental, un plan de tratamiento con su copago estimado, estarán preparados antes del inicio de cualquier procedimiento. El tratamiento podría ser cambiado si su diagnóstico necesita un cambio. El paciente será notificado de cualquier cambio en el tratamiento.

Seguro Dental

Nuestra oficina con gusto trabajará con usted para ayudarlo a obtener el máximo beneficio disponible. La mayoría de planes de seguro dentales no cubre al 100% de su costo de tratamiento. Por lo tanto, se espera que pague el deducible y el copago estimados de los servicios del día presentados. Con mucho gusto se le presentará su reclamo del seguro. Muchos varían existen de portador al portador (es decir, deducibles, máximos anuales, limitaciones de la cuota permitida, procedimientos no cubiertos y otras restricciones), por lo tanto, no podemos garantizar ningún cargo estimado. Porque su seguro es un contrato entre usted y la compañía de seguros, en última instancia, usted es responsable de todos los cargos. Por favor sepa que haremos todo lo posible para que reciba todos los beneficios de su compañía de seguros. Si por alguna razón no se recibe el pago de cualquier reclamación dental dentro de 45 días, usted recibirá una declaración de todo el saldo debido. Si el pago no se hace dentro de 45 días de la recepción de la declaración, su cuenta puede ser entregada a colecciones. Cargos que se haya negado o no cubiertos por la compañía de seguros son su responsabilidad.

Costos de Cobranza

Cuentas con saldos más de 45 días vencidos puede ser enviado a las colecciones. Pacientes serán responsable de los costos de las colecciones incluyendo pero no limitado a, honorarios de la Agencia de colección, honorarios de abogados y costas judiciales.

Tarifas Normales y Habituales

Nuestra práctica está comprometida en ofrecer el mejor tratamiento para nuestros pacientes y cobramos lo que es usual y habitual para nuestra zona. Usted es responsable del pago independientemente de la determinación arbitraria de cualquier compañía de seguros de tarifas normales y habituales.

Pacientes Adultos

Los adultos son responsables por el pago total al momento del servicio.

Pacientes Menores

El adulto que acompaña a un menor de edad padres (o tutores del menor) son responsables por el pago completo. Para menores tratamiento de emergencia, no se negará a menos que los cargos han sido autorizados previamente para ser aprobados por Visa/MasterCard, American Express, Discover, CareCredit o pago en efectivo en el tiempo que el servicio ha sido verificado.

Citas Perdidas

El tiempo que usted reserva con nosotros es suyo y solo suyo. En caso de que no podrá acudir a su cita, respetuosamente solicitamos que por favor de notificar a un coordinador de programación de al menos 48 horas antes de la fecha de la cita. Por supuesto, las emergencias ocurren, y entendemos. Por favor ayúdenos a servirle mejor manteniendo citas programadas.

He leído la anterior política financiera y estoy de acuerdo con el contenido. También entiendo que soy financieramente responsable por cualquier saldo en mi cuenta.

Nombre del Paciente	Relación con el Paciente	
Firma del Paciente/Tutor	Fecha	

HIPAA Reconocer y Aceptar

Tengo entendido que tengo ciertos derechos a la privacidad con respecto a mi información médica protegida. Estos derechos son bajo la Portabilidad del Seguro de Salud y la Rendición de Cuentas de Trabajo de 1996 (HIPAA). Entiendo que al firmar este consentimiento que autorizo a myDental a usar y divulgar mi información de salud protegida para llevar a cabo:

- Tratamiento (incluyendo tratamiento directo o indirecto por otros proveedores de salud involucrados en mi tratamiento)
- Obtener el pago de los terceros pagadores (p. ej. mi compañía de seguros)
- Las operaciones diarias del cuidado de la salud de su práctica

También se me ha informado y dado entendido el derecho de revisar y asegurar una copia del *Aviso de prácticas de privacidad*, que contiene una descripción más completa de los usos y revelaciones de mi información protegida de salud y mis derechos bajo HIPAA. Entiendo que myDental reserva el derecho a modificar los términos de este aviso de vez en cuando y que puedo contactarlos en cualquier momento para obtener la copia más reciente de este aviso.

Entiendo que tengo derecho a solicitar restricciones sobre cómo mi información de salud protegida es utilizada y revelada para llevar a cabo el tratamiento, pago y operaciones de atención médica, pero que no están obligados a aceptar estas restricciones solicitadas. Sin embargo, si usted está de acuerdo, entonces están obligados a cumplir con esta restricción.

Entiendo que puedo revocar este consentimiento, por escrito, en cualquier momento. Sin embargo, cualquier uso o divulgación que ocurrieron antes de la fecha de que revocar este consentimiento no se ve afectada.

Uso formulario de consentimiento de la imagen fotográfica y Video

Autorizo a myDental para utilizar mis fotografías, video, o el testimonio en su sitio web o útiles de comunicación social que incluye pero no se limita a su página en Facebook o página de Google Plus. Entiendo que estas imágenes, videos o testimonios no se utilizará para otras publicidades comerciales.

Entiendo que puedo revocar esta autorización en cualquier momento, pero tal revocación debe ser por escrito y recibido por myDental. Revocación afecta la revelación hacia adelante y no es retroactiva.

Nombre del Paciente		Relación con el Paciente	
Firma del Paciente/Tutor		Fecha	

GRACE DENTAL
1210 S. Euclid La Habra, CA 90631
(714) 871-4962

Patient Email and Text Message Informed Consent

This form provides information on how Grace Dental will communicate by email address and text message (also known as SMS). It will also be used to document your consent and authorization for communication with you by email and text message.

How we will use email and text messaging:

We use these methods of communication only for non-sensitive and non-urgent matters. Communications to or from you may be documented onto your medical records.

We will not disclose your email or text message with others required by state or federal law. Please refer to our Notice of Privacy Practices for information as to permit uses of your health information and your rights regarding privacy matters.

Authorization to Send Emails/Text Messages:

_____ I accept and Do want to receive email or text messages.

_____ I decline and DO NOT want to receive email or text messages at this time.

Email address: _____

Cell phone #: _____

Patient name: (Print) _____

Patient/Guardian of Patient: (Signature) _____

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Appointment Cancellation Policy

If you must cancel an appointment, please call at least 24-hours in advance. 24-hour notice is defined as one business day. Message left over the weekend are not considered sufficient notice.

If you miss or cancel two appointment without 24-hour notice, you may be unable to schedule any further appointments in advance.

Failure to cancel without 24-hour notice will result in a \$50 fee. You are responsible for this fee; It will not be billed to insurance. No further appointments will be scheduled until this cancellation fee has been reconciled.

Patient Signature: _____ Date: _____

CO-Pay

Insurance patients are responsible to know their own individual insurance coverage. As a courtesy to our patients we will call the insurance to verify benefits and co-payments, but cannot guarantee the information we are provided is correct. CO-PAYMENTS ARE DUE AT THE TIME OF EACH VISIT.

Patient Initial: _____