

## NUESTRA POLITICA DE PAGO Y CUIDADO

Asegurar que nuestros pacientes reciban la más alta calidad de cuidado es la meta de nuestra práctica.

Los pagos se realizan en el momento del tratamiento. Nosotros aceptamos efectivo, cheques y las principales tarjetas de crédito. También tenemos un plan de pago ofrecido a través de CARECREDIT que le permite empezar su tratamiento y realizar los pagos en tiempo.

Opciones de pago:

1. Efectivo
2. Cheque
3. Tarjeta de Crédito
4. CARECREDIT

Aplicar para CARECREDIT solo lleva unos minutos y no hay una tarifa por aplicar. Por favor indique debajo que forma de pago le gustaría usar:

Efectivo  
 Tarjeta de Crédito  
 Cheque  
 CARECREDIT

(Sujeto a que sea aprobado, si la aplicación es negada, otra forma de pago sea requerida.)

Como una cortesía a usted, nuestro paciente, nosotros le cobraremos a su aseguranza. Si por cualquier razón la compañía de seguros no cubre la porción que les corresponde, usted el asegurado, esta requerido a pagar el balance restante.

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Firma del paciente o del responsable

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Fecha

San Luis Obispo Dental Practice de la  
Dr. Disbel Mansilla

RECONOCIMIENTO DE RECIBIMIENTO DEL  
AVISO DE PRACTICAS DE PRIVACIDAD

\*Usted Puede Rechazar Firmar Este Reconocimiento\*

Yo, \_\_\_\_\_, he recibido una copia de este Aviso de Practicas  
de Privacidad.

Por favor Escribir Su Nombre

Firma

Fecha

Para Uso de la Oficina Nada Más

Nosotros intentamos obtener un reconocimiento escrito de recepción del aviso de  
prácticas de privacidad, pero el reconocimiento no pudo ser obtenido por:

- El individuo rechazo firmar
- Barreras de comunicación impidieron que fuera entregado el Reconocimiento
- Una situación de emergencia causo que no recibiéramos el Reconocimiento
- Otros (por favor especifique)

# Patient Acknowledgement of Dental Materials Fact Sheet

I, \_\_\_\_\_, acknowledge that I have received from S.L.O. Dental a copy of the Dental Materials Fact Sheet dated October 2001.

Patient Name

Patient Signature

Date

*The following document is the Dental Board of California's Dental Materials Fact Sheet. The Department of Consumer Affairs has no position with respect to the language of the Dental Material Fact Sheet, and its linkage to the DCA web site does not constitute an endorsement of the content of this document.*

## SAMPLE

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## The Dental Board of California Dental Materials Fact Sheet

Adopted 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 frequent 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.