



# CAPITOL HILL DENTISTRY & BRACES

# ¡Bienvenido!

Gracias por elegir nuestro equipo de cuidado dental!  
Haremos todo lo posible por ofrecerle el mayor  
cuidado dental posible. Para ayudarnos a ajustarnos  
a sus necesidades dentales, por favor llene  
completamente esta forma. Si tiene alguna pregunta  
ó necesitar asistencia, por favor pregúntenos,  
estaremos felices de ayudarle.

## Información del Paciente

(Confidencial)

★ El Paciente Habla:  Inglés  Español  Ambos

Nombre: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_ SS#: \_\_\_\_\_

Dirección: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ C.P: \_\_\_\_\_

Teléfono(Casa): \_\_\_\_\_ Teléfono(Celular): \_\_\_\_\_ Email: \_\_\_\_\_

Marque la caja apropiada:  Menor  Soltero  Casado  Divorciado  Viudo  Separado

Si es Estudiante, Nombre de la Escuela/Colegio: \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_

Asistiendo a la Escuela:  Tiempo Completo  Medio Tiempo  Not Asisto

Empleador del Padre/Guardián: \_\_\_\_\_ Teléfono(Trabajo): \_\_\_\_\_

Dirección(Trabajo): \_\_\_\_\_ Ciudad: \_\_\_\_\_ Estado: \_\_\_\_\_ C.P: \_\_\_\_\_

Nombre del Esposo(a) ó Padre/Guardián: \_\_\_\_\_ Empleador: \_\_\_\_\_ Teléfono: \_\_\_\_\_

Persona de contacto en caso de emergencia: \_\_\_\_\_ Teléfono: \_\_\_\_\_

## Parte Responsable (Si no es el paciente)

Nombre de la Persona Responsable de esta Cuenta: \_\_\_\_\_

Relación con el Paciente: \_\_\_\_\_ Dirección: \_\_\_\_\_

Teléfono(Casa): \_\_\_\_\_ Teléfono(Celular): \_\_\_\_\_ Email: \_\_\_\_\_

# de Licencia: \_\_\_\_\_ Fecha de Nac.: \_\_\_\_\_ Institución de Financiamiento: \_\_\_\_\_

Empleador: \_\_\_\_\_ Teléfono(Trabajo): \_\_\_\_\_ SS#: \_\_\_\_\_

## Información de Seguro Dental

Titular: \_\_\_\_\_ Relación con el Paciente: \_\_\_\_\_

Compañía de Seguro: \_\_\_\_\_ Estado: \_\_\_\_\_

Fecha de Nac.: \_\_\_\_\_ SS#: \_\_\_\_\_ Número de Miembro: \_\_\_\_\_ Grupo: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

¿TIENE USTED ALGUN SEGURO ADICIONAL?  SI  NO EN CASO DE TENERLO, COMPLETE LO SIGUIENTE:

Titular: \_\_\_\_\_ Relación con el Paciente: \_\_\_\_\_

Compañía de Seguro: \_\_\_\_\_ Estado: \_\_\_\_\_

Fecha de Nac.: \_\_\_\_\_ SS#: \_\_\_\_\_ Número de Miembro: \_\_\_\_\_ Grupo: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

¿Cómo supo de nuestra oficina?  T.V  Radio  Folleto  Internet  Compañía de Seguros  
 Amigo/familiar (Nombre de la persona que lo recomendó: \_\_\_\_\_)

1. The first part of the document discusses the importance of maintaining accurate records of all transactions. It emphasizes that proper record-keeping is essential for the integrity of the financial system and for the ability to detect and prevent fraud.

2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and anomalies in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the auditor in the process. It explains that the auditor's primary responsibility is to provide an independent and objective assessment of the financial statements. This involves a thorough review of the records and the application of professional judgment to identify any potential issues.

4. The fourth part of the document addresses the challenges faced by auditors in the modern business environment. It highlights the increasing complexity of financial transactions and the need for auditors to stay current in their knowledge and skills. It also discusses the importance of maintaining high ethical standards and the need for transparency in the auditing process.

5. The fifth part of the document discusses the future of auditing. It explores the potential impact of new technologies, such as artificial intelligence and data analytics, on the auditing process. It also discusses the need for continued education and professional development for auditors to ensure they are equipped to handle the challenges of the future.

6. The sixth part of the document discusses the importance of communication in the auditing process. It explains that auditors must be able to effectively communicate their findings and conclusions to management and other stakeholders. This involves clear and concise reporting, as well as the ability to listen and respond to concerns. It also discusses the importance of maintaining a professional and ethical demeanor throughout the process.

7. The seventh part of the document discusses the role of the auditor in the overall financial system. It explains that auditors play a critical role in ensuring the accuracy and reliability of financial information, which is essential for the functioning of the capital markets. It also discusses the importance of the auditor's independence and objectivity in this role.

8. The eighth part of the document discusses the importance of the auditor's reputation. It explains that the auditor's reputation is a key factor in the confidence of investors and other stakeholders in the financial system. It discusses the various factors that can affect the auditor's reputation, such as the quality of the audit and the auditor's conduct.

9. The ninth part of the document discusses the importance of the auditor's role in the prevention of fraud. It explains that auditors are often the first to detect signs of fraud, and they play a critical role in reporting these signs to the appropriate authorities. It discusses the various techniques used by auditors to identify and prevent fraud, and the importance of maintaining a high level of vigilance.

10. The tenth part of the document discusses the importance of the auditor's role in the promotion of transparency. It explains that auditors play a critical role in ensuring that financial information is presented in a clear and transparent manner. This involves the use of standardized accounting practices and the disclosure of all relevant information. It also discusses the importance of the auditor's role in promoting the integrity of the financial system.

11. The eleventh part of the document discusses the importance of the auditor's role in the promotion of accountability. It explains that auditors play a critical role in ensuring that management is held accountable for their actions. This involves the identification and reporting of any instances of mismanagement or abuse of power. It also discusses the importance of the auditor's role in promoting the ethical behavior of management.

12. The twelfth part of the document discusses the importance of the auditor's role in the promotion of the public interest. It explains that auditors play a critical role in ensuring that the financial system operates in the best interests of the public. This involves the identification and reporting of any instances of fraud or other activities that could harm the public. It also discusses the importance of the auditor's role in promoting the transparency and integrity of the financial system.

# Historial Médico

Aunque nuestro personal dental se encarga de su boca y de las áreas alrededor de ella, su boca es parte de su cuerpo completo. Es importante que nos proporcione la siguiente información:

- ¿Se encuentra bajo algún cuidado médico?  Si  No \_\_\_\_\_
- ¿Ha estado hospitalizado alguna vez ó tenido alguna cirugía mayor?  Si  No \_\_\_\_\_
- ¿Ha tenido alguna lesión seria en la cabeza ó cuello?  Si  No \_\_\_\_\_
- ¿Está tomando algún medicamento?  Si  No \_\_\_\_\_
- ¿Usted toma ó ha tomado Phen-Fen or Redux?  Si  No \_\_\_\_\_
- ¿Ha tomado Fosamax, Boniva, Actonel ó algún otro medicamento que contenga bifosfonatos?  Si  No \_\_\_\_\_
- ¿Usted lleva alguna dieta ó alimentación especial?  Si  No \_\_\_\_\_
- ¿Usted consume Tabaco?  Si  No \_\_\_\_\_

¿Es usted alérgico a alguno de los siguientes?

- Aspirina  Penicilina  Codeína  Acrílico  Metal  Latex  Sulfa  
 Anestesia Local  Otro: \_\_\_\_\_

¿Usa sustancias controladas?  Si  No \_\_\_\_\_

¿Usted tiene ó ha tenido alguno de los siguientes?

VIH Positivo	<input type="radio"/> Si <input type="radio"/> No	Medicina de Cortisona	<input type="radio"/> Si <input type="radio"/> No	Hemofilia	<input type="radio"/> Si <input type="radio"/> No	Tratamiento de Radiación	<input type="radio"/> Si <input type="radio"/> No
Alzheimer	<input type="radio"/> Si <input type="radio"/> No	Diabetes	<input type="radio"/> Si <input type="radio"/> No	Hepatitis A	<input type="radio"/> Si <input type="radio"/> No	Pérdida de Peso Reciente	<input type="radio"/> Si <input type="radio"/> No
Anafilaxia	<input type="radio"/> Si <input type="radio"/> No	Adicción a las Drogas	<input type="radio"/> Si <input type="radio"/> No	Hepatitis B ó C	<input type="radio"/> Si <input type="radio"/> No	Dialisis Renal	<input type="radio"/> Si <input type="radio"/> No
Anemia	<input type="radio"/> Si <input type="radio"/> No	Fácilmente Agotado	<input type="radio"/> Si <input type="radio"/> No	Herpes	<input type="radio"/> Si <input type="radio"/> No	Fiebre Reumática	<input type="radio"/> Si <input type="radio"/> No
Dolor de Pecho	<input type="radio"/> Si <input type="radio"/> No	Enfisema	<input type="radio"/> Si <input type="radio"/> No	Presión Alta	<input type="radio"/> Si <input type="radio"/> No	Reumatismo	<input type="radio"/> Si <input type="radio"/> No
Artritis/Gota	<input type="radio"/> Si <input type="radio"/> No	Epilepsia ó Ataques	<input type="radio"/> Si <input type="radio"/> No	Colesterol Alto	<input type="radio"/> Si <input type="radio"/> No	Escarlatina	<input type="radio"/> Si <input type="radio"/> No
Válvula Artificial del Corazón	<input type="radio"/> Si <input type="radio"/> No	Sangrado Excesivo	<input type="radio"/> Si <input type="radio"/> No	Urticaria ó Sarpullido	<input type="radio"/> Si <input type="radio"/> No	Células Falciformes	<input type="radio"/> Si <input type="radio"/> No
Articulación Artificial	<input type="radio"/> Si <input type="radio"/> No	Excessive Thirst	<input type="radio"/> Si <input type="radio"/> No	Hipoglucemia	<input type="radio"/> Si <input type="radio"/> No	Enfermedades Nasal	<input type="radio"/> Si <input type="radio"/> No
Asma	<input type="radio"/> Si <input type="radio"/> No	Desmayos/Mareos	<input type="radio"/> Si <input type="radio"/> No	Pulso Irregular	<input type="radio"/> Si <input type="radio"/> No	Espina Bífida	<input type="radio"/> Si <input type="radio"/> No
Enfermedad de la Sangre	<input type="radio"/> Si <input type="radio"/> No	Tos Frecuente	<input type="radio"/> Si <input type="radio"/> No	Problemas en los Riñones	<input type="radio"/> Si <input type="radio"/> No	Enfermedad Intestinal	<input type="radio"/> Si <input type="radio"/> No
Transfusión de Sangre	<input type="radio"/> Si <input type="radio"/> No	Diarrea Frecuente	<input type="radio"/> Si <input type="radio"/> No	Leucemia	<input type="radio"/> Si <input type="radio"/> No	Enfermedad Estomacal	<input type="radio"/> Si <input type="radio"/> No
Problemas Respiratorios	<input type="radio"/> Si <input type="radio"/> No	Dolor de Cabeza Frecuente	<input type="radio"/> Si <input type="radio"/> No	Enfermedad del Hígado	<input type="radio"/> Si <input type="radio"/> No	Infarto	<input type="radio"/> Si <input type="radio"/> No
Herirse Fácilmente	<input type="radio"/> Si <input type="radio"/> No	Herpes Genital	<input type="radio"/> Si <input type="radio"/> No	Presión Baja	<input type="radio"/> Si <input type="radio"/> No	Inflamación de Extremidades	<input type="radio"/> Si <input type="radio"/> No
Cancer	<input type="radio"/> Si <input type="radio"/> No	Glaucoma	<input type="radio"/> Si <input type="radio"/> No	Enfermedades Pulmonares	<input type="radio"/> Si <input type="radio"/> No	Enfermedad de la Tiroides	<input type="radio"/> Si <input type="radio"/> No
Quimioterapia	<input type="radio"/> Si <input type="radio"/> No	Alergias	<input type="radio"/> Si <input type="radio"/> No	Prolapso de Válvula Mitral	<input type="radio"/> Si <input type="radio"/> No	Amigdalitis	<input type="radio"/> Si <input type="radio"/> No
Dolores de Pecho	<input type="radio"/> Si <input type="radio"/> No	Ataque al Corazón	<input type="radio"/> Si <input type="radio"/> No	Osteoporosis	<input type="radio"/> Si <input type="radio"/> No	Tuberculosis	<input type="radio"/> Si <input type="radio"/> No
Herpes Labial/Ampollas	<input type="radio"/> Si <input type="radio"/> No	Soplo en el Corazón	<input type="radio"/> Si <input type="radio"/> No	Dolor de Mandíbula	<input type="radio"/> Si <input type="radio"/> No	Tumores ó Crecimientos	<input type="radio"/> Si <input type="radio"/> No
Enfermedad del Corazón	<input type="radio"/> Si <input type="radio"/> No	Marcapasos	<input type="radio"/> Si <input type="radio"/> No	Enfermedad de Paratiroides	<input type="radio"/> Si <input type="radio"/> No	Úlceras	<input type="radio"/> Si <input type="radio"/> No
Convulsiones	<input type="radio"/> Si <input type="radio"/> No	Problemas del Corazón	<input type="radio"/> Si <input type="radio"/> No	Tratamiento Psiquiátrico	<input type="radio"/> Si <input type="radio"/> No	Enfermedad Venérea	<input type="radio"/> Si <input type="radio"/> No
						Ictericia	<input type="radio"/> Si <input type="radio"/> No

¿Ha tenido alguna enfermedad seria no mencionada en la lista?  Si  No ¿Cuál? \_\_\_\_\_

**Mujeres:** Está usted...

- Embarazada/Tratando de embarazarse?  Amamantando?  Tomando anticonceptivos orales?

Comentarios:

Firma del Doctor: \_\_\_\_\_

A mi mayor conocimiento, las preguntas en esta forma han sido contestadas con exactitud. Entiendo que el proporcionar información incorrecta puede ser peligroso para mi salud(o la del paciente). Es mi responsabilidad informar a la oficina dental de cualquier cambio en mi estado médico.

Firma del Paciente, Padre o Guardián:

X \_\_\_\_\_

Fecha: \_\_\_\_\_

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2. The second part of the document outlines the various methods used to collect and analyze data. It describes the use of statistical techniques to identify trends and anomalies in the data, and the importance of using reliable sources of information.

3. The third part of the document discusses the role of the auditor in the process. It explains that the auditor's primary responsibility is to provide an independent and objective assessment of the financial statements, and to ensure that they are prepared in accordance with the applicable accounting standards.

4. The fourth part of the document describes the various types of audits that can be performed. It includes a discussion of the differences between internal and external audits, and the specific objectives of each type of audit.

5. The fifth part of the document discusses the importance of communication in the audit process. It explains that the auditor must maintain open and effective communication with the client throughout the audit, and that this communication should be based on a clear understanding of the client's needs and expectations.

6. The sixth part of the document describes the various types of audit reports that can be issued. It explains that the auditor's report is a key document in the audit process, and that it should provide a clear and concise summary of the findings of the audit.

7. The seventh part of the document discusses the importance of the auditor's independence and objectivity. It explains that the auditor must be free from any conflicts of interest that could impair their ability to provide an unbiased assessment of the financial statements.

8. The eighth part of the document describes the various types of audit procedures that can be used. It includes a discussion of the differences between substantive and analytical procedures, and the specific objectives of each type of procedure.

9. The ninth part of the document discusses the importance of the auditor's professional judgment. It explains that the auditor must use their professional judgment to determine the appropriate audit procedures to be used, and to assess the risk of material misstatement in the financial statements.

10. The tenth part of the document discusses the importance of the auditor's ethical standards. It explains that the auditor must adhere to a strict code of ethics, and that this code should be based on the principles of integrity, objectivity, and confidentiality.

11. The eleventh part of the document discusses the importance of the auditor's communication skills. It explains that the auditor must be able to communicate effectively with the client, and that this communication should be based on a clear understanding of the client's needs and expectations.

12. The twelfth part of the document describes the various types of audit reports that can be issued. It explains that the auditor's report is a key document in the audit process, and that it should provide a clear and concise summary of the findings of the audit.

13. The thirteenth part of the document discusses the importance of the auditor's independence and objectivity. It explains that the auditor must be free from any conflicts of interest that could impair their ability to provide an unbiased assessment of the financial statements.

14. The fourteenth part of the document describes the various types of audit procedures that can be used. It includes a discussion of the differences between substantive and analytical procedures, and the specific objectives of each type of procedure.

15. The fifteenth part of the document discusses the importance of the auditor's professional judgment. It explains that the auditor must use their professional judgment to determine the appropriate audit procedures to be used, and to assess the risk of material misstatement in the financial statements.

16. The sixteenth part of the document discusses the importance of the auditor's ethical standards. It explains that the auditor must adhere to a strict code of ethics, and that this code should be based on the principles of integrity, objectivity, and confidentiality.

17. The seventeenth part of the document discusses the importance of the auditor's communication skills. It explains that the auditor must be able to communicate effectively with the client, and that this communication should be based on a clear understanding of the client's needs and expectations.

18. The eighteenth part of the document describes the various types of audit reports that can be issued. It explains that the auditor's report is a key document in the audit process, and that it should provide a clear and concise summary of the findings of the audit.

19. The nineteenth part of the document discusses the importance of the auditor's independence and objectivity. It explains that the auditor must be free from any conflicts of interest that could impair their ability to provide an unbiased assessment of the financial statements.

20. The twentieth part of the document discusses the importance of the auditor's ethical standards. It explains that the auditor must adhere to a strict code of ethics, and that this code should be based on the principles of integrity, objectivity, and confidentiality.



CAPITOL HILL  
DENTISTRY & BRACES

235 SW 25<sup>th</sup> St.  
Oklahoma City, OK 73109  
405-295-4967

**Aviso de Conocimiento de  
Prácticas de Privacidad  
&  
Consentimiento del Paciente**

Entiendo, bajo el Acto de Portabilidad del Seguro de Salud de 1996 (HIPPA: Health Insurance Portability & Accountability Act), que tengo ciertos derechos de privacidad en relación a la protección de mi información de salud/ dental. Entiendo que ésta información puede y será usada para:

- Conducir, planear y dirigir mi tratamiento y seguimiento entre múltiples proveedores del cuidado de la salud, quienes estén involucrados en mi tratamiento, ya sea directa ó indirectamente.
- Conducir operaciones normales del cuidado de la salud, tales como certificaciones y valoraciones de médicos.
- Obtener pagos de terceras partes, tales como compañías de seguros.
- Confirmar y dejar mensajes a números de teléfono proveídos a ésta oficina.

He sido informado de su *Aviso de Prácticas de Privacidad*, que contiene una descripción más completa de los usos y distribución de mi información de salud. Se me ha dado el derecho de revisar tal *Aviso de Prácticas de Privacidad* previo a la firma de éste consentimiento. Entiendo que ésta oficina tiene el derecho de cambiar su *Aviso de Prácticas de Privacidad* de vez en cuando y que puedo contactar a ésta oficina en cualquier momento, en la dirección indicada arriba, para obtener una copia actual del *Aviso de Prácticas de Privacidad*.

Entiendo que puedo solicitar por escrito que ustedes hagan restricciones a la manera en que mi información privada es usada o distribuída para llevar a cabo tratamientos, pagos ó procedimientos del cuidado de la salud. También entiendo que ustedes no están obligados a aceptar tales restricciones, pero si ustedes las aceptan, entonces están obligados a seguir tales restricciones.

Nombre del Paciente: \_\_\_\_\_

Relación con el Paciente: \_\_\_\_\_

Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

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## **Politica de Citas Perdidas O Canceladas**

Cuando un Paciente pierde una cita dental sin haber llamado o no se presenta a la cita agendada en el dia y hora correctos, se le llama

### **Cita Perdida**

Cuando un paciente cancela su cita dental, sin avisar a la oficina con minimo 24 horas de anticipación, se le llama

### **Cita Cancelada.**

---

Despues de una “Cita Perdida”, el paciente permanecerá en estado de “Walk In” (lo cual significa que puede asistir a la oficina sin cita previa y nosotros haremos el intento de integrarlos al horario entre los pacientes que ya tienen cita).

Despues de una “Cita Cancelada”, le podemos reagendar su cita, pero si su cita era durante horarios de alta demanda, como después de las 3pm, su cita no podrá ser reagendada dentro de ese horario.

Nombre Del Paciente: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma del Paciente o guardian: \_\_\_\_\_

1. The first part of the document discusses the importance of maintaining accurate records of all transactions.

2. It then goes on to describe the various methods used to collect and analyze data.

3. The next section details the results of the study, including the identification of key trends and patterns.

4. Finally, the document concludes with a series of recommendations for future research and implementation.

5. The authors also provide a list of references and a glossary of terms used throughout the report.

6. This section discusses the challenges faced during the data collection process and how they were overcome.

7. The document ends with a summary of the findings and a final statement of the authors' conclusions.

8. The second part of the document focuses on the methodology used to conduct the research.

9. It describes the selection of participants, the design of the study, and the procedures used to gather data.

10. The authors also discuss the ethical considerations that guided the research and the steps taken to ensure compliance.

11. This section provides a detailed overview of the data analysis techniques employed.

12. It explains how the data was organized, cleaned, and analyzed to extract meaningful insights.

13. The authors also discuss the limitations of the study and the potential for future research to build on these findings.

14. This section discusses the implications of the research for practice and policy.

15. The document concludes with a final summary of the key findings and a call to action for further research.



**YOUR SIGNATURE IS NECESSARY FOR US TO:**

- 1. PROCESS ALL INSURANCE CLAIMS;**
- 2. ENSURE PAYMENT FOR SERVICES PROVIDED**
- 3. RELEASE MEDICAL INFORMATION TO INSURANCE COMPANIES NEEDED FOR THE PROCESSING OF YOUR CLAIMS**
- 4. RELEASE INFORMATION TO OTHER MEDICAL AND DENTAL PROVIDERS, INCLUDING LABORATORIES, WHEN NECESSARY. FOR YOUR TREATMENT.**

I hereby authorize the release of all medical information necessary to process my claims and I authorize release of this same information, when necessary, to other providers rendering medical/dental care, as well as to labs that need my information to make a diagnosis or fabricate an appliance necessary for my treatment.

I assign all medical and surgical benefits, including major medical benefits to which I am entitled, to DOCTOR/PRACTICE NAME. This assignment will remain in effect until revoked by me in writing. A photocopy of this assignment is to be considered as valid as the original.

Patient Signature \_\_\_\_\_

Patient Full Name (printed) \_\_\_\_\_

Parent Signature (if minor) \_\_\_\_\_

Witness \_\_\_\_\_

Date Signed \_\_\_\_\_

