

YOU ARE ALL WELCOME TO THIS DOCTOR'S OFFICE  
EMERGENCIES: 04455.3030.8900  
PATIENTS INFORMATION

#### DENTAL HEALTH CARE

WE ARE VERY HAPPY TO HAVE YOU IN THIS DOCTOR'S OFFICE TODAY, WE ASSURE YOU THAT ALL THE STAFF THAT WORKS HERE, WILL MAKE OUR BEST EFFORT TO DELIVER THE MOST EFFICIENT AND COMPLETE SERVICE. IN THIS DOCTOR'S OFFICE WE WORK AS INDEPENDENT SPECIALISTS WITH A COMMON GOAL: **YOUR GENERAL ORAL WELL-BEING.**

**WE CARRY ALL THE DENTAL SPECIALTIES: ADULT ORAL AESTHETICS AND REHABILITATION, DENTAL IMPLANTS, PERIODONTHICS (GUMS), ENDODONTICS (ROOT CANAL), MAXILLOFACIAL SURGERY.** AND OF COURSE CHILDREN'S AND ADULT ORTHODONTICS (DENTAL ALIGNMENT) -WITH THE MOST AESTHETICS TECHNIQUES- AND CHILDREN AND YOUNG ADULTS DENTISTRY PERFORMED BY DR. J.COHEN.

THIS PAMPHLET WILL ANSWER MANY QUESTIONS ABOUT THE PROCEDURES AT THIS DOCTOR'S OFFICE FROM PATIENTS CARE TO ADMINISTRATIVE HANDLINGS.

OUR FUNDAMENTAL OBJECTIVE IS: TO MAINTAIN AND TO DEVELOP THE MAXIMUM LEVEL OF ORAL HEALTH, ALWAYS IN **THE MOST POSITIVE ATTITUDE AND CHEERFUL ATMOSPHERE TOWARDS THE DENTAL EXPERIENCE.**

THE KIND OF CARE THAT THE PATIENT GETS IN THEIR EARLY CHILDHOOD, WILL DETERMINE THE TYPE OF DENTAL HEALTH THAT THEY WILL HAVE ALL LIFELONG.

THIS DOCTOR'S OFFICE IS CAPABLE AND SPECIALIZED ALSO IN TAKING CARE OF CHILDREN OF ANY AGE. WE DO RECOMMEND **THEIR 1ST VISIT BEFORE THE FIRST BIRTHDAY**, THIS IS A VERY SIMPLE VISIT-TO **OBTAIN PREVENTIVE INFORMATION OF GREAT OF VALUE- IN THE DOCTOR'S PRIVATE OFFICE** WITH THE PARENT'S AID. IT IS USUALLY FREE, REPEATING EVERY 6 MONTHS UNTIL THE AGE OF 3 YEARS OR DEPENDING ON THE PARTICULAR SITUATION (AGE, HOSPITAL EXPERIENCES, CONDITIONS, ETC.)WHEN THEY START IN THE DENTAL OPERATORY GETTING A CLEANING/FLUORIDE AS WELL AS THE PERTINENT X-RAYS TO ACQUIRE A MORE COMPREHENSIVE DIAGNOSIS ACCORDINGLY.

#### DOCTOR'S OFFICE ROUTINE

APPOINTMENTS ARE AVAILABLE MONDAY THROUGH FRIDAY AT DIFFERENT TIMES DEPENDING ON THE SPECIFIC SPECIALIST. PLEASE ASK AT THE FRONT DESK.

EMERGENCY CALLS 24 HRS. ALL YEAR ROUND, PLEASE GIVE COMPLETE DETAILS WHEN CALLING THE DOCTOR ON DUTY.

**WE VALUE YOUR TIME VERY MUCH!!! THEREFORE WE WOULD APPRECIATE IF YOU WOULD ARRIVE A FEW MINUTES EARLY TO YOUR APPOINTMENT SO THAT WE CAN OFFER YOU THE BEST SERVICE WITHOUT DELAYING THE TREATMENT, SINCE THE TIME FOR THE APPOINTMENT IS RESERVED ESPECIALLY FOR EACH PATIENT INDIVIDUALLY; WE COUNT ON YOUR UNDERSTANDING SINCE WE HANDLE EMERGENCIES AND SOMETIMES WE ARE NOT IN SCHEDULE.**

**THE WORK COMES OUT BETTER WHEN IT IS NOT HURRIED, REASON WHY WE REQUEST FROM YOU NOT TO PRESS US! IF YOU ARE IN A HURRY TELL THE FRONT DESK SO WE CAN EITHER SHORTEN THE PLANNED TREATMENT OR CANCEL IT AND RESCHEDULE A NEW APPOINTMENT.**

FOR QUALIFYING FAMILIES WE DO HAVE "BLOCK APPOINTMENTS"IN WHICH THE PATIENTS GET ALL THE POSSIBLE DENTAL WORK DONE IN THE SAME DAY, REDUCING TO A MINIMUM THE NUMBER OF APPOINTMENTS NEEDED FOR THEIR TREATMENT.

FOR ORTODONTHICS/ORTHOPEDICS FOLLOW-UP APPOINTMENTS **WE URGE YOU TO SCHEDULE THEM BEFORE THE PATIENT LEAVES THE DOCTOR'S OFFICE.** YOU WILL NOT BE CONTACTED BY US LATER TO ARRANGE THESE TYPE OF APPOINTMENTS.

### FIRST VISIT

PLEASE DO ARRIVE 20 MINUTES BEFOREHAND TO FILL OUT FORMS AND WATCH THE EDUCATIONAL VIDEO -IF YOU HAVE NOT DONE SO IN YOUTUBE- AFTER COMPLETION OF THE MEDICAL AND DENTAL HISTORY THE PATIENTS AND PARENTS (OR GUARDIANS) WILL STEP INTO THE DOCTOR'S OFFICE, TO HELP SOLVE SOME DOUBTS ABOUT THE PATIENTS' ORAL HEALTH STATUS, LATER ON THE OROFACIAL HEALTH EXAMINATION WILL TAKE PLACE, WHICH AFTER THE 3 YEARS OF AGE CONSISTS OF:

- A) COMPLETE FACE, HEAD, AND NECK REVISION IN ITS STRUCTURES, BY DIRECT UNARMED OBSERVATION AND/OR PALPATION.
- B) GROWTH AND DEVELOPMENT OF THE MAXILLARIES AND FACE.
- C) EXAMINATION OF THE BITE, GROWTH AND DEVELOPMENT DENTAL PROBLEMS.
- D) ORAL SOFT TISSUE EXAMINATION.
- E) ORAL HYGIENE EVALUATION.
- F) X-RAYS TAKING AND READING.
- G) DECAY PRESENCE.

THIS EXAMINATION WILL TAKE PLACE IN THE DOCTOR'S OPERATORY WITHOUT THE PRESENCE OF THE PARENTS.

LATER ON YOU WILL BE CALLED TO THE PRIVATE DOCTOR'S OFFICE WITH THE PATIENTS TO REVIEW TOGETHER THE TREATMENT PLAN PRESENTATION, **WHERE WE WILL DISCUSS ABOUT THE METHOD TO CARRY IT OUT.**

**THE ESTIMATED COST IS GIVEN EITHER AT THE FRONT DESK OR HERE.**

### PREVENTION

THE **FUNDAMENTAL SERVICE** THAT WE OFFER IS THE EDUCATION AND PREVENTION OF ORAL PROBLEMS. THERE IS NO NEED TO CONSTANTLY FIND DECAY OR GUM PROBLEMS IN OUR PATIENTS. ALMOST ALL THE DISEASES OF THE MOUTH THAT ARE COMMON CAN BE PREVENTED WITH THE PARTICIPATION OF THE PARENTS; THIS IS ALWAYS OUR GOAL:

**THE PREVENTION IS MORE PLEASURABLE AND MUCH LESS EXPENSIVE, "WE SHOULD LEARN HOW TO PREVENT AND MAINTAIN OUR HEALTH."**

**THE PARENTS WILL REMAIN IN THE WAITING ROOM,** DO NOT FEEL UNCOMFORTABLE IF THE PATIENT CRIES OR EXPRESSES PREOCCUPATION BY THIS SHORT SEPARATION WHEN ENTERING THE WORK ROOM, IT IS A NATURAL REACTION WHEN FACING 1<sup>ST</sup> TIME THE UNFAMILIAR. WE UNDERSTAND THEIR DEVELOPMENTAL STAGE AND WORK TO EASE THE DISCOMFORT.

IN EXCEPTIONAL CASES WE WILL ASK FOR THEIR PRESENCE IN THE WORK ROOM, AND ONLY IN SOME CASES THEY WILL BE INVITED TO PARTICIPATE IN SPEAKING, OR HELPING WITH THE HANDLING OF THE PATIENT'S BEHAVIOR.

### METHOD OF PAYMENT

1ST APPOINTMENT: DIAGNOSIS, -WITH OR WITHOUT X-RAY STUDY-, AND TREATMENT PLAN WILL BE PAID.

2ND APPOINTMENT: 2 THIRDS OF THE TOTAL OF THE ESTIMATED COST **-OR HALF, IF THE NUMBER OF APPOINTMENTS IS LESS THAN 4-** WILL BE PAID, AND THE REST IN EQUAL PARTS TO THE TOTAL OF THE APPOINTMENTS THAT LACK, EXCEPTING THE LAST ONE, WHEN FLUORIDE IS APPLIED AND ALL THE WORK DONE IS REVIEWED AGAIN TO ASSURE THE **QUALITY** LEVEL THAT WE TRY.

**THE TREATMENT WILL HAVE TO BE TOTALLY PAID AN APPOINTMENT BEFORE THE LAST**

PAYMENT OF ORTHOPEDIA: **TWO THIRD PARTS** WHEN TAKING THE MOLD TO ORDER THE LABORATORY, AND THE REST IN THE APPLIANCE PLACEMENT DAY. AND ORTHODONTICS: AS THE PARTICULAR ARRANGEMENT.

NOTE: WE OFFER DIFFERENT TYPES OF DISCOUNTS, - DEPPENDING ON THE MODE OF PAYMENT AND ACCEPT CASH, AND MEXICAN CHECKS.

IN ORDER TO RESPECT THE INITIALLY ESTIMATED BUDGET IT SHOULD BE INITIATED BEFORE A MONTH HAS PASSED OF THE INITIAL VALORATION AND CONTINUED ON A WEEKLY APPOINTMENTS BASIS UNTIL CONCLUDING THE TREATMENT.

IN ORTHODONTICS AND ORTHOPEDICS ACCORDING TO THE PARTICULAR NECESSITIES WE INDICATE TO EACH PATIENT. REMEMBER .... WHAT MOST MATTERS TO US ARE THE PATIENTS, SECONDLY THEIR PARENTS.

IF THE TREATMENTS DO NOT BEGIN IN THAT PERIOD, OR THEY WERE GOTTEN TO SUSPEND BY AN EQUAL PERIOD, THE COSTS WILL BE REVIEWED AND ADJUSTED TO THE CURRENT NEEDS OF THE PATIENT AND FEES.

IN THE CASE OF FINANCIAL DIFFICULTY PLEASE ASK FOR A WORD WITH THE DOCTOR DIRECTLY TO ARRANGE SPECIAL WAYS OF PAYMENT IN ORDER FOR US TO CONTINUE WITH THE REGULAR PROGRESS OF THE TREATMENT OF THE PATIENTS, WITH THE CONCOMITANT PREJUDICE TO THEM THAT COULD COME WITH INTERRUPTING.

WE DO NOT CHARGE FOR APPOINTMENTS THAT WERE CANCELLED WITHIN 2 WORKING DAYS OF ANTICIPATION, **THUS WE WILL AVOID THAT THE WORKING TIME FOR OTHER PATIENTS GETS WASTED.**

#### **RECOMMENDATIONS**

YOU SHOULD COMMENT AT HOME WITH THE PATIENTS WHAT TO EXPECT TO HAPPEN IN THE DENTIST'S OFFICE FOR THE 1st TIME; IN SIMPLE, POSITIVE WORDS AND SPEAKING AT THE WORD LEVEL OF THE PATIENT, EXAMPLE:

"JAIME IS GOING TO COUNT YOUR TEETH WITH A "TOOTH COUNTER" AND A SMALL MIRROR; OR THAT THEY ARE GOING TO CLEAN YOUR TEETH "AND YOU ARE GOING TO AMUSE YOURSELF. IF THE PATIENT WANTS TO KNOW MORE OF THE SUBJECT IT IS WORTH TO SAY THAT "JAIME WILL EXPLAIN IT IN THE DENTIST'S OFFICE" AND TRY TO MAKE HIS ARRIVAL TO THE DENTAL OFFICE AS IF IT'S GOING TO A PLACE OF RECREATION AND DIVERSION.

NEVER:

- USE THE WORD **PAIN**.
- USE TO THE DENTIST OR DOCTOR AS A THREAT SO IT DOES WHAT YOU WANT IT TO.
- BRING THE PATIENT WITH DECEITS.

ALWAYS:

- BE HONEST WITH THE CHILDREN.
- ASK THE PATIENTS THEIR DOUBTS ABOUT THE TREATMENT.
- THINK THAT THE CHILDREN LEARN TO BE SCARED OF THE DENTIST OR DOCTOR BY NEGATIVE COMMENTS THAT THEY HEAR FROM PARENTS, BROTHERS, COUSINS, FRIENDS, ETC.
- SPEAK POSITIVE OF THE OTHERS, -UNLESS IT IS FOR GIVING EXAMPLES SO THAT YOU'RE SON DOES NOT BECOME LIKE THOSE (CRIMINALS, BAD PEOPLE, ETC.)

THE 6 MONTHS RECALL APPOINTMENT IS NORMALLY PLANNED FROM THE TIME OF DIAGNOSIS CONSULTATION.

THANKS FOR THE CONFIDENCE DEPOSITED IN US. WE WILL BE PROUD OF BEING ABLE TO CORROBORATE IT AND WILL TAKE THE SAME KIND OF CARE THE FAMILIES RECOMMENDED BY YOU.

FORGOTTEN ITEMS WILL BE DONATED TO CHARITY AFTER 14 DAYS, PLEASE ASK FOR THEM BEFORE THIS PERIOD.

**THIS IS A NONSMOKING BUILDING.**

**NO EATING OR DRINKING IN THE PREMISES**

**THANK YOU**

# SPECIALISTS MEDICAL HISTORY

Date: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth : \_\_\_\_\_  
Preferred Name : \_\_\_\_\_ Age : \_\_\_\_\_ Sex: Female \_\_\_\_\_ Male \_\_\_\_\_ Address : \_\_\_\_\_  
\_\_\_\_\_ Number : \_\_\_\_\_ Neighborhood : \_\_\_\_\_  
\_\_\_\_\_ zip \_\_\_\_\_ Occupation: \_\_\_\_\_ Home Phone : \_\_\_\_\_  
\_\_\_\_\_ Cell: \_\_\_\_\_  
Of. Ph. \_\_\_\_\_ Mail: \_\_\_\_\_ blood type: \_\_\_\_\_  
Preferred contact via : \_\_\_\_\_ Nearest Relative : \_\_\_\_\_  
Relationship: \_\_\_\_\_ Cell. \_\_\_\_\_ Recommended by: \_\_\_\_\_  
Arrived into Mexico on: \_\_\_\_\_ I'm leaving Mexico on: \_\_\_\_\_

## Medical History

High or low blood pressure? \_\_\_\_\_ Diabetes Mellitus? \_\_\_\_\_  
Heart Problems? \_\_\_\_\_  
Asthma? \_\_\_\_\_  
Epilepsy ? \_\_\_\_\_  
Have you had any surgery? \_\_\_\_\_ what? \_\_\_\_\_  
How long ago? \_\_\_\_\_  
ever broken a bone? \_\_\_\_\_  
Allergic to anything? \_\_\_\_\_  
Any disease that has not been mentioned ? \_\_\_\_\_ What ? \_\_\_\_\_  
\_\_\_\_\_  
Taking any medications? \_\_\_\_\_ What ? \_\_\_\_\_  
what for? \_\_\_\_\_

## PRESENT DENTAL SITUATION

Last visit to a dentist \_\_\_\_\_  
Do you have any pain now ? \_\_\_\_\_  
When did the pain started ? (specify date) \_\_\_\_\_  
Symptoms ? \_\_\_\_\_  
Have you had taken any medications? \_\_\_\_\_ since? \_\_\_\_\_

## DISCLOSURE PERMIT

I hereby authorize the **Dr. Jaime Cohen Cattán Clinic and all the staff who work** there to use the images and notes of treatments that I perform for academic and advertising purposes, reserving their personal data as follows: full name, address, telephone number and email address.

\_\_\_\_\_  
Signature of patient or responsible