**UNIVERSIDAD LAICA “ELOY ALFARO” DE MANABÍ**

**CARRERA DE ODONTOLOGIA**

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| **1 NOMBRE COMPLETO PACIENTE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **I.D. PACIENTE (NO DE CLINICA):** | | | | | | | | | | | | | | | | | | | | | | **TELEFONO PACIENTE:** | | | | | | | | | | | | | | | |
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| **FECHA NACIMIENTO:** | | | | | | | | | | | | | | | | **SEXO:** | | | | | | | | | | | | | | | | **CARGO U OCUPACION LABORAL:** | | | | | | | | | | | | | | | | | | | | **EMPRESA:** | | | | | | | | | | | | | | | | | **GRUPO VULNERABLE (DISCAPACIDAD (D), EMBARAZADA (E), CATASTROFICA O ALTA COMPLEJIDAD (C), PERSONA PRIVADA DE LA LIBERTAD (P) NO APLICA (NO):** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **PAIS DE ORIGEN:** | | | | | | | | | | | | | | | | **CIUDAD** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PARROQUIA** | | | | | | | | | | | | | | | | | | | | | | **BARRIO** | | | | | | | | | | | | | | | | | | | | | | | | **No APT. O CASA** | | | | | | | | | | | | | | | | | | | | |
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| **SI APLICA: NOMBRE COMPLETO REPRESENTANTE LEGAL, FAMILIAR, ACOMPANANTE O CONTACTO DE EMERGENCIA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PARENTESCO O RELACION** | | | | | | | | | | | | | | **I.D.:** | | | | | | | | | | | | | | | | | | | | | | **TELEFONO:** | | | | | | | | | | | | | | | |
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| **2 UNIDAD DE ATENCION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ESPECIFIQUE NOMBRE DEL LUGAR DE ATENCION (NOMBRE DE LA ASIGNATURA, BARRIO, UNIDAD EDUCATIVA, ENTRE OTROS)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CLINICAS ULEAM** | | | | | |  | | | | | | | **UNIDAD MOVIL NORTE** | | | | | | | | | | | | |  | | | | | | | | **UNIDAD MOVIL SUR** | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3 MOTIVO PRINCIPAL DE LA CONSULTA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ANOTAR LA CAUSA DEL PROBLEMA EN LA VERSION DEL INFORMANTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **4 ENFERMEDAD O PROBLEMA ACTUAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **REGISTRAR SINTOMAS, CARACTERISTICAL DEL DOLOR (TICUE), SIGNOS (INFLAMACION, SUPURACION, FISTULA, ESTADO DE DIENTES VECINOS, VITALIDAD PULPAR, MOVILIDAD) Y CAUSA APARENTE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **5 ANTECEDENTES PERSONALES Y FAMILIARES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **REVISAR CUESTIONARIO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. ALERGIAS** | | | | |  | | | | | | | **2. HEMORRAGIAS** | | | | | | | | | |  | | | | | | | | **3. VIH/SIDA** | | | | | | | | | |  | | | | | | **4. TUBERCULOSIS** | | | | | | | | |  | | | **5. ASMA** | | | | | | | |  | | **6. DIABETES** | | | | | | | |  | | **7. HIPERTENSION** | | | | | | | |  | | | | **8. ENF CARDIACA** | | | | | | | | | |  | | | **9. OTRO** | | | | | | | | | |  |
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| **6 SIGNOS VITALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PRESION ARTERIAL** | | | | | | | | | **/ mm Hg** | | | | | | | | | | | | | | | | | | **FRECUENCIA CARDIACA** | | | | | | | | | | | | | | | **pulsos x min.** | | | | | | | | | | | | | | **FRECUENCIA RESPIRATORIA** | | | | | | | | **Resp. x min.** | | | | | | | | | | **TEMPERATURA** | | | | | | | | | | **C◦** | | | | | | | | **PESO** | | | | | | **Kg** | | | | | | **ALTURA** | | | | | **mtrs.** | | | | |
| **7 EXAMEN DEL SISTEMA ESTOMATOGNATICO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **1. LABIOS** | | |  | | | | | | | | | | | | **2. MEJILLAS** | | | | | | | | | |  | | | | | | | | | | | | | | **3. MAX. SUPERIOR** | | | | | | | | | | | | | |  | | | | | | | | **4. MAX. INFERIOR** | | | | | | | | | |  | | | | | | | | **5. LENGUA** | | | | | | | |  | | | | | | | | | | **6. PALADAR** | | | | | | | | | | |  | | | | | |
| **7. PISO DE LA BOCA** | | |  | | | | | | | | | | | | **8. GANDULAS SALIVALES** | | | | | | | | | |  | | | | | | | | | | | | | | **9. ORO FARINGE** | | | | | | | | | | | | | |  | | | | | | | | **10. A.T.M.** | | | | | | | | | |  | | | | | | | | **11. GANGLIOS** | | | | | | | |  | | | | | | | | | | **7. OTROS** | | | | | | | | | | |  | | | | | |
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| **8 PLANES DE DIAGNOSTICO Y EDUCACIONAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BIOMETRIA** | | | | | | |  | | | | | | | **QUIMICA SANGUINEA** | | | | | | | | | | | | | | |  | | | | | | **RAYOS X** | | | | | | | | | |  | | | | **OTROS** | | | | | | | | | |  | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **9 ODONTOGRAMA** | | | | | | | | | | | | | | | | | | | | | | | | **PINTAR AZUL TTO REALIZADO, ROJO PATOLOGIA ACTUAL, RECESION MARCAR CON “X” Y MOVILIDAD REGISTRAR CON 1,2,3 SI APLICA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RECESION  MOVILIDAD | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **SIMBOLOGIA** | | | | | | | | | | **DESCRIPCION** | | | | | | | | | | | | | | |
| \* Rojo | | | | | | | | | | SELLANTE NECESARIO | | | | | | | | | | | | | | |
| \* Azul | | | | | | | | | | SELLANTE REALIZADO | | | | | | | | | | | | | | |
| X Roja | | | | | | | | | | EXTRACCION INDICADA | | | | | | | | | | | | | | |
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| RECESION  MOVILIDAD | | | | | | | | \*….\* | | | | | | | | | | PROTESIS FIJA | | | | | | | | | | | | | | |
| (…….) | | | | | | | | | | PROTESIS REMOVIBLE | | | | | | | | | | | | | | |
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| O Roja | | | | | | | | | | CARIES | | | | | | | | | | | | | | |
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| **10 INDICADORES DE SALUD BUCAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HIGIENE ORAL SIMPLIFICADA** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **CPO-ceo** | | | | | | | | | | | | | | | | | | | | | **PUFA-pufa (PULPITIS, ULCERA, FISTULA, ABSCESO)** | | | | | | | | | | | | | | | | | | | | | | | **KENNEDY** | | | | | | | | | | | | | | | | | | |
| **PIEZAS DENTALES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PLACA**  **0-1-2-3** | | | | | | **CALCULO**  **0-1-2-3** | | | | | | | **GINGIVITIS**  **0-1** | | | | | | | **D** | | | **C** | | | | | **P** | | | | **O** | | | | **TOTAL** | | | | | **P** | | | **U** | | | | | **F** | | | **A** | | | | | **TOTAL** | | | | | | | **DESCRIPCION** | | | | | | | | | | **SUP.** | | | | | | | **INF.** | |
| **16** |  | | | **17** | | | | | | |  | | | | | | **55** | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | |  | | | | |  | | | | | | | **I** | | | | | | | | | |  | | | | | | |  | |
| **11** |  | | | **21** | | | | | | |  | | | | | | **51** | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | **d** | | | **c** | | | | | **e** | | | | **o** | | | | **TOTAL** | | | | | **p** | | | **u** | | | | | **f** | | | **a** | | | | | **TOTAL** | | | | | | | **II** | | | | | | | | | |  | | | | | | |  | |
| **26** |  | | | **27** | | | | | | |  | | | | | | **65** | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | |  | | | | |  | | | |  | | | |  | | | | |  | | |  | | | | |  | | |  | | | | |  | | | | | | | **III** | | | | | | | | | |  | | | | | | |  | |
| **36** |  | | | **37** | | | | | | |  | | | | | | **75** | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | **ANGLE** | | | | | | | | | | | | **ENF. PERIODONTAL** | | | | | | | | | | | | **FLUOROSIS** | | | | | | | | | | | | |  | | | | | | | **IV** | | | | | | | | | |  | | | | | | |  | |
| **31** |  | | | **41** | | | | | | |  | | | | | | **71** | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | **I** | | | | | | | |  | | | | **LEVE** | | | | | | | | |  | | | **LEVE** | | | | | | | |  | | | | |  | | | | | | | **EDENTULO TOTAL** | | | | | | | | | |  | | | | | | |  | |
| **46** |  | | | **47** | | | | | | |  | | | | | | **85** | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | **II** | | | | | | | |  | | | | **MODERADA** | | | | | | | | |  | | | **MODERADA** | | | | | | | |  | | | | |  | | | | | | | **NO APLICA** | | | | | | | | | |  | | | | | | |  | |
| **TOTAL DIENTES EXAMINADOS** | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | | |  | | | | | | |  | | | | | | | **III** | | | | | | | |  | | | | **SEVERA** | | | | | | | | |  | | | **SEVERA** | | | | | | | |  | | | | |  | | | | | | |  | | | | | | | | | |  | | | | | | |  | |
| **11 TRATAMIENTO** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Prescripción farmacológica se anexará** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SESION** | | **1** | | | | | | | | **SILLON #** | | | | | | | | |  | | | | | | | | | **FECHA:** | | | | | | | | **/ /** | | | | | | | | | | | | | | **EST. CEDULA** | | | | | | |  | | | | | | | | | | | | | **EST. NOMBRES Y APELLIDOS** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | | | | | | | | | **VALIDEZ PRACTICA** | | | | | | | | | **CIE-10** | | | | | | | | | **DEF.** | | | | | **PRE.** | | | **PROCEDIMIENTO Y PRESCRIPCION** | | | | | | | | | | | | | | | | | | | | | | | | **COMPLICACIONES** | | | | | | | | | | | | | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | | | | | | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | | | | | | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | | | | | | | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | | | | | | | **NOTA** | | | | | **CODIGO Y FIRMA DOCENTE** | | | | | | | |
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| **SESION** | | **2** | | | | | | | | **SILLON #** | | | | | | | | |  | | | | | | | | | **FECHA:** | | | | | | | | **/ /** | | | | | | | | | | | | | | **EST. CEDLUA** | | | | | | |  | | | | | | | | | | | | | **EST. NOMBRES Y APELLIDOS** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | | | | | | | | | **VALIDEZ PRACTICA** | | | | | | | | | **CIE-10** | | | | | | | | | **DEF.** | | | | | **PRE.** | | | **PROCEDIMIENTO Y PRESCRIPCION** | | | | | | | | | | | | | | | | | | | | | | | | **COMPLICACIONES** | | | | | | | | | | | | | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | | | | | | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | | | | | | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | | | | | | | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | | | | | | | **NOTA** | | | | | **CODIGO Y FIRMA DOCENTE** | | | | | | | |
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| **SESION** | | **3** | | | | | | | | **SILLON #** | | | | | | | | |  | | | | | | | | | **FECHA:** | | | | | | | | **/ /** | | | | | | | | | | | | | | **EST. CEDLUA** | | | | | | |  | | | | | | | | | | | | | **EST. NOMBRES Y APELLIDOS** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | | | | | | | | | **VALIDEZ PRACTICA** | | | | | | | | | **CIE-10** | | | | | | | | | **DEF.** | | | | | **PRE.** | | | **PROCEDIMIENTO Y PRESCRIPCION** | | | | | | | | | | | | | | | | | | | | | | | | **COMPLICACIONES** | | | | | | | | | | | | | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | | | | | | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | | | | | | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | | | | | | | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | | | | | | | **NOTA** | | | | | **CODIGO Y FIRMA DOCENTE** | | | | | | | |
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| **SESION** | | **4** | | | | | | | | **SILLON #** | | | | | | | | |  | | | | | | | | | **FECHA:** | | | | | | | | **/ /** | | | | | | | | | | | | | | **EST. CEDLUA** | | | | | | |  | | | | | | | | | | | | | **EST. NOMBRES Y APELLIDOS** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | | | | | | | | | **VALIDEZ PRACTICA** | | | | | | | | | **CIE-10** | | | | | | | | | **DEF.** | | | | | **PRE.** | | | **PROCEDIMIENTO Y PRESCRIPCION** | | | | | | | | | | | | | | | | | | | | | | | | **COMPLICACIONES** | | | | | | | | | | | | | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | | | | | | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | | | | | | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | | | | | | | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | | | | | | | **NOTA** | | | | | **CODIGO Y FIRMA DOCENTE** | | | | | | | |
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| **SESION** | | **5** | | | | | | | | **SILLON #** | | | | | | | | |  | | | | | | | | | **FECHA:** | | | | | | | | **/ /** | | | | | | | | | | | | | | **EST. CEDLUA** | | | | | | |  | | | | | | | | | | | | | **EST. NOMBRES Y APELLIDOS** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | | | | | | | | | **VALIDEZ PRACTICA** | | | | | | | | | **CIE-10** | | | | | | | | | **DEF.** | | | | | **PRE.** | | | **PROCEDIMIENTO Y PRESCRIPCION** | | | | | | | | | | | | | | | | | | | | | | | | **COMPLICACIONES** | | | | | | | | | | | | | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | | | | | | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | | | | | | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | | | | | | | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | | | | | | | **NOTA** | | | | | **CODIGO Y FIRMA DOCENTE** | | | | | | | |
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| **SESION** | **6** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
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| **SESION** | **7** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **SESION** | **8** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **9** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **10** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **11** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **12** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **11 TRATAMIENTO** | | | | | | | | | | **Prescripción farmacológica se anexará** | | | | | | | | | |
| **SESION** | **13** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **14** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **15** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **16** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **17** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **18** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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| **SESION** | **19** | **SILLON #** |  | **FECHA:** | | **/ /** | | **EST. CEDLUA** |  | | | **EST. NOMBRES Y APELLIDOS** | |  | | | | | |
| **DIENTE O CUADRANTE O BOCA** | | **VALIDEZ PRACTICA** | **CIE-10** | **DEF.** | **PRE.** | **PROCEDIMIENTO Y PRESCRIPCION** | | | | **COMPLICACIONES** | | | **HC Y CONSENTI**  **MIENTO**  **(2 PTS.)** | **BIOSEGURIDAD, INSTRUMENTAL Y MATERIALES**  **(3 PTS.)** | **TECNICA ANESTESIA Y OPERATORIA**  **(4 PTS.)** | **FARMACO TERAPIA Y/O CONTROL**  **(1 PT.)** | **NOTA** | **CODIGO Y FIRMA DOCENTE** | |
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| **C** | **P** | **O** | **P** | **U** | | **F** | **A** | **c** | **e** | **o** | **p** | **u** | **f** | **a** | **Placa** | **Calculo** | **Gingivitis** | **Kennedy sup.** | **Kennedy inf.** |
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