



# Yo Hablo Español: Bridging Language Barriers to Build Patient Trust

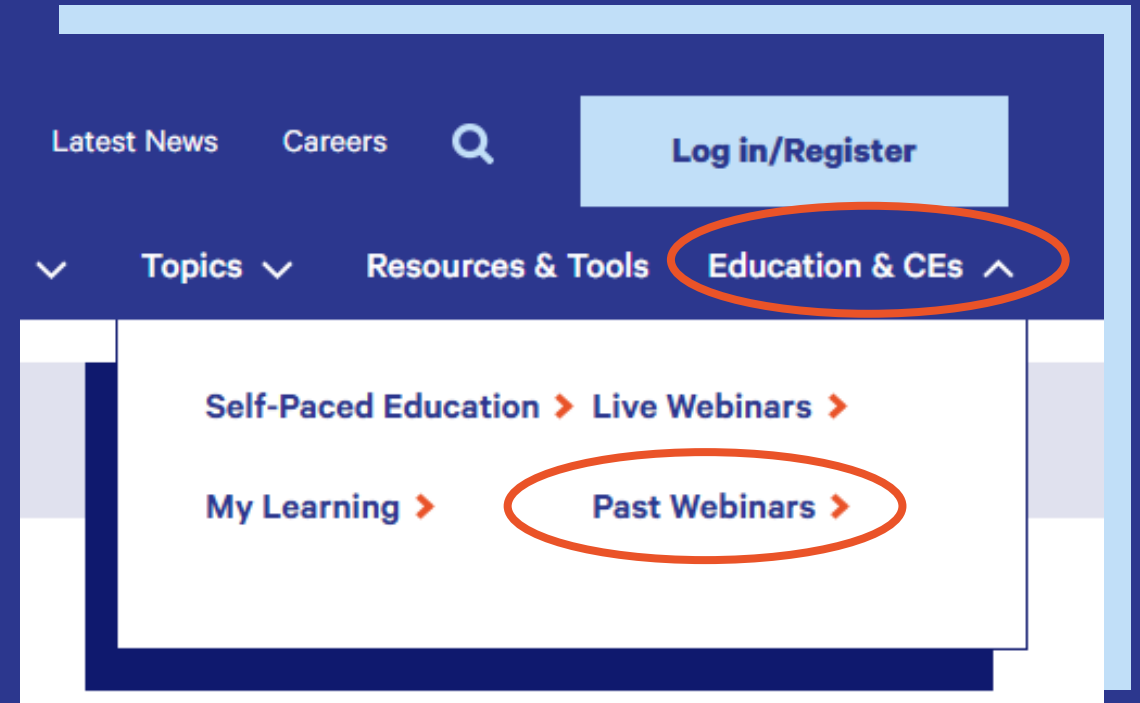
September 25, 2025

# Webinar Notes



All lines will be muted to avoid background noise.

Today's presentation and slides will be available on our website at [carequest.org](https://carequest.org) under the “**Education**” tab and “**Past Webinars**,” within the next two business days.



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\*Full disclosures available upon request

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4/1/2025 to 3/31/2027.  
Provider ID# 409241

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**Note: We do not prohibit the use of AI note taking tools, but CE credit requires verified individual attendance through the email that you use to register for this webinar.**

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# Q&A and Closed Captioning



- Feel free to enter your questions into the **Question & Answer box** throughout the presentations.
- We will turn to your questions and comments toward the end of the hour.

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Thank You



## Webinar

# Yo Hablo Español: Bridging Language Barriers to Build Patient Trust



Thursday  
September 25, 2025



7-8 p.m. ET

**1 CE Credit**



### Moderator

**Luis Camilo Yepes, DDS, FICD**  
Medical University of South Carolina  
College of Dental Medicine  
Hispanic Dental Association



### Presenter

**Victor Rodriguez, DDS, MEd**  
Clear Lake Dental Associates  
UTHealth Houston School of Dentistry  
Hispanic Dental Association



### Presenter

**Christina Meiners, DDS, FICD**  
UT Health San Antonio School of Dentistry  
Hispanic Dental Association



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provide services  
and leadership  
to promote oral  
and dental health

Why  
associate  
with  
quality

### Benefits of HDA Membership



#### Member Benefits Portal

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#### Journal of the Hispanic Dental Association JHDA

Subscription to our JHDA, the first Bilingual Scientific Journal which is peer reviewed and aims at showcasing our Hispanic professionals

#### FREE C.E. Credits

Up to **10 FREE CE** credits provided by HDA National (To be used during the calendar year. Does not include Annual Meeting or Student Regional)

#### Community Service

Join members in community outreach projects to educate and serve Hispanic and other underserved communities. Exclusive access to HDA community outreach resources

#### Social Events/Mixers at the National & Local Level

Networking opportunities available at each local and national HDA event

#### Annual HDA Dental Conference

Bringing together members nationally for clinical information, CE credits, discussion groups, networking and social activities - 2023 Annual Meeting, San Antonio, TX. Up to 11 CE credits available, includes breakfast, lunch and free parking. **Up to \$150 discount registration for members**

#### Mentorship & Scholarship Opportunities

Cafe y Mas program provides mentorship between current professional members, new dentists, and dental student members. Student members are eligible for scholarships through the HDAF. **Awards up to \$4000!**

#### Pre-Dental Students

BOLD program provides mentorship and scholarship opportunities for pre-dental student members. Professional members are eligible to apply for the HDA's BOLD program grants to assist with outreach to pre-dental students in underserved areas.

#### International Dentists

HDA Resources are available to members to assist with licensure information in the U.S.

Oral Health we  
Professional Chapters



See you



# Learning Objectives

- **Explain** the importance of proper interpretation and language access in promoting equitable, patient-centered oral health care for Spanish-speaking populations.
- **Identify** common Spanish terms and phrases used in dental settings to enhance communication with Spanish-speaking patients.
- **Apply** practical strategies for integrating diverse language skills and interpreter services into daily dental team interactions to improve patient trust and understanding.



# Poll Question

**1. How often do you interact with Spanish-speaking patients?**

- a) Daily
- b) A few times a week
- c) Occasionally
- d) Rarely or never
- e) Not applicable

# Poll Question

## **2. Are you familiar with or currently using any resources to help communicate with Spanish speaking patients?**

- a) Yes – I have specific tools or resources to help communicate with Spanish speaking patients
- b) Somewhat – I've explored some resources but don't use them often
- c) No – I know about some resources haven't used any yet
- d) No – I wasn't aware there were resources available

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# Disclaimer



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## 2024 & 2025 Texas Dentists of the Year

HDA Past Presidents  
Alumna of ADA Institute for Diversity

## Victor Rodriguez, DDS, MEd

- UTHealth School of Dentistry Houston Graduate
- General Dentist – Private Practice, Houston, TX
- Clinical Assistant Professor – UTHealth SOD Houston

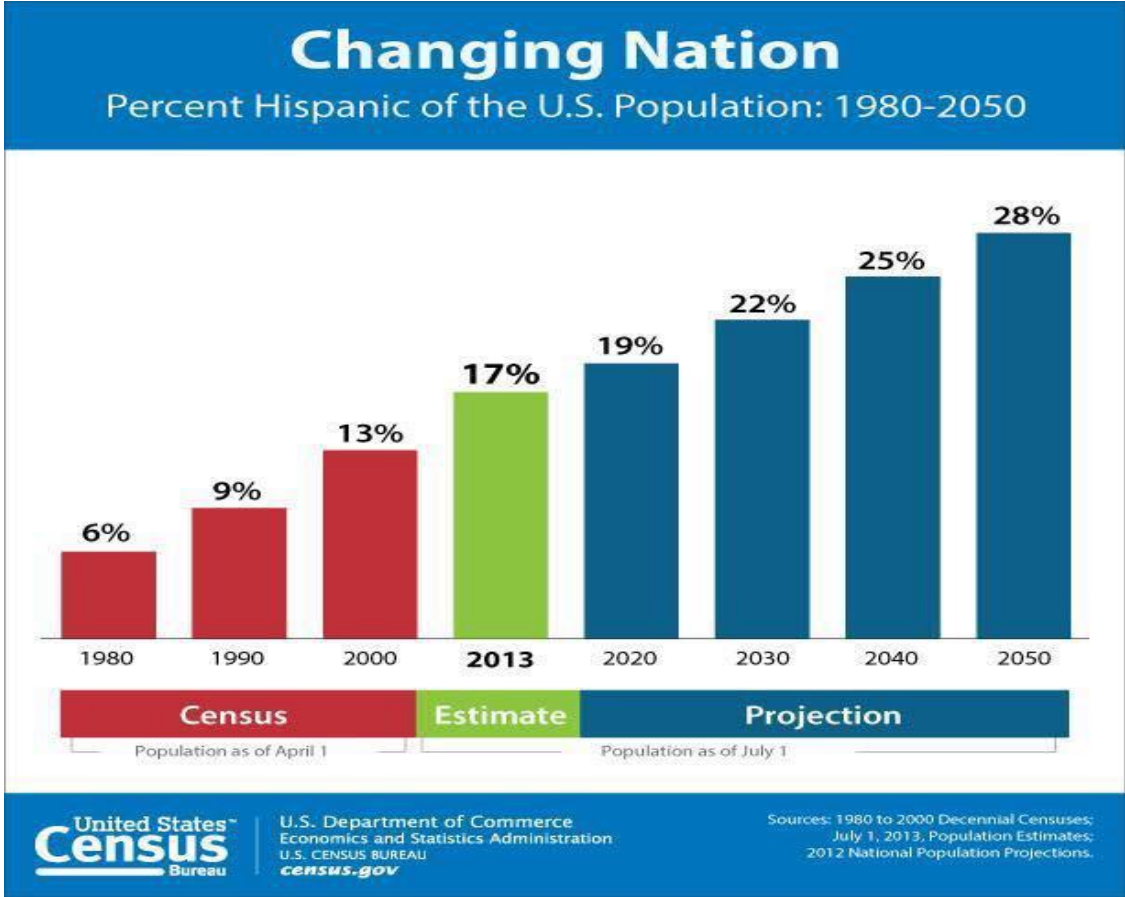
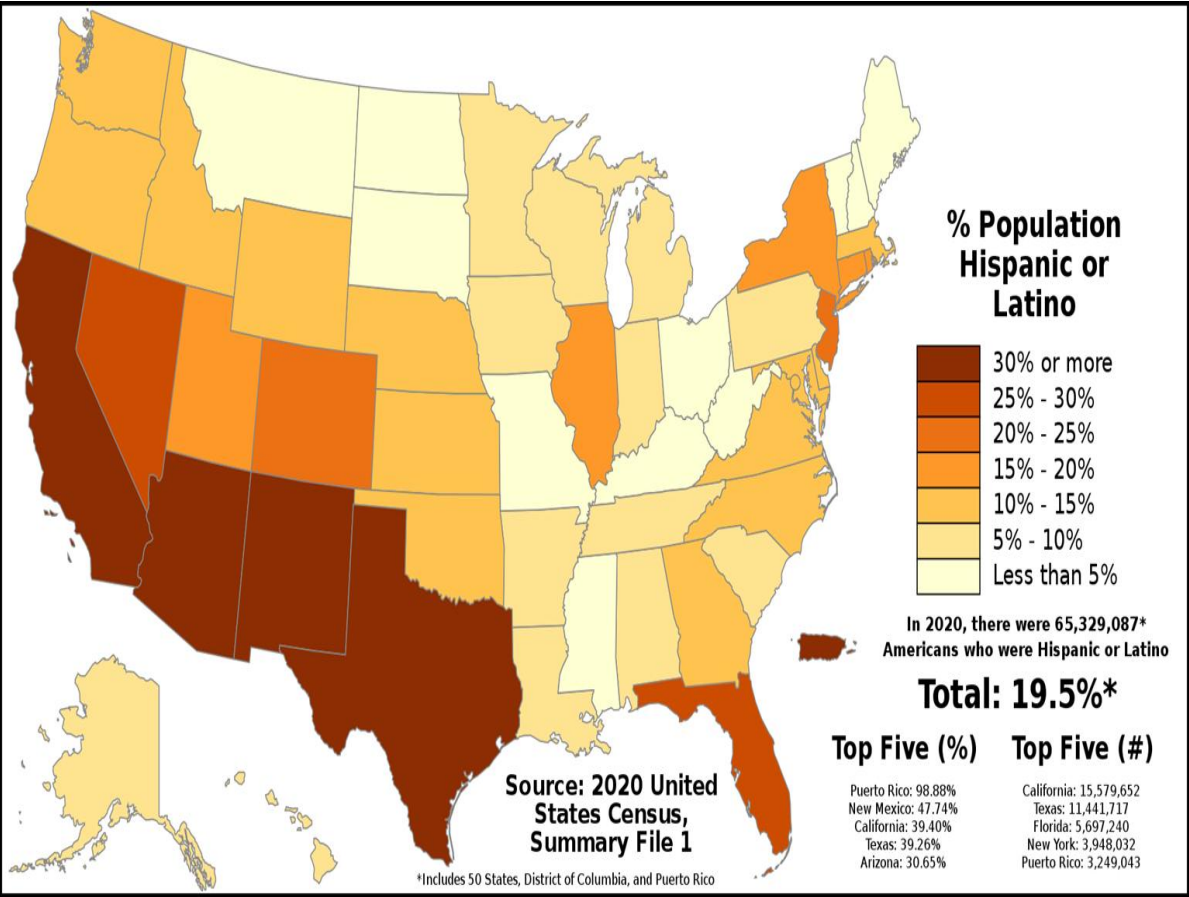
## Christine Meiners, DDS

- UTHealth School of Dentistry San Antonio Graduate
- General Dentist- FQHC for 11 years
- Clinical Assistant Professor, Director of Community Learning – UTHealth School of Dentistry San Antonio

# Hispanic Population Trends



**\*Hispanics are now the Largest Minority group in the US**

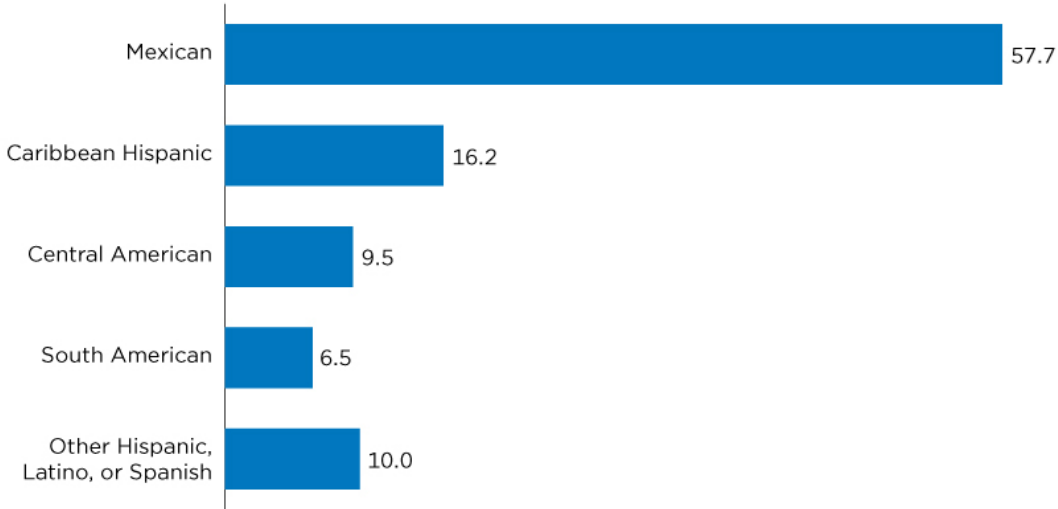


# Hispanic Population Trends

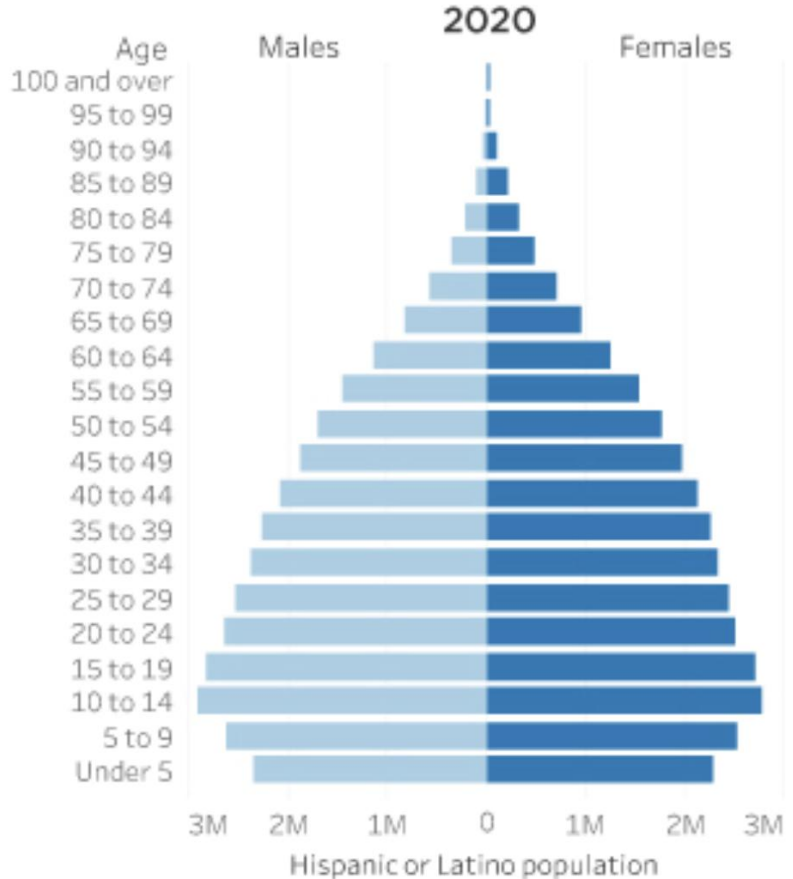


## Hispanic/Latinos now represent about 25.7% of all U.S. children

Figure 1.  
**Percentage Distribution of the Hispanic Population by Regional Group: 2020**



Notes: Mexican is a detailed Hispanic group that is not listed under any regional group in the Hispanic origin range, as it is in North America. Data may not sum to totals due to rounding and the noise applied for privacy protection. Information on suppression, confidentiality protection, nonsampling error, definitions, and guidance on using the data are available at <https://www2.census.gov/programs-surveys/decennial/2020/technical-documentation/complete-tech-docs/detailed-demographic-and-housing-characteristics-file-a/2020census-detailed-dhc-a-techdoc.pdf>.  
 Source: U.S. Census Bureau, 2020 Census Detailed Demographic and Housing Characteristics File A.





# Why Learn Dental Spanish



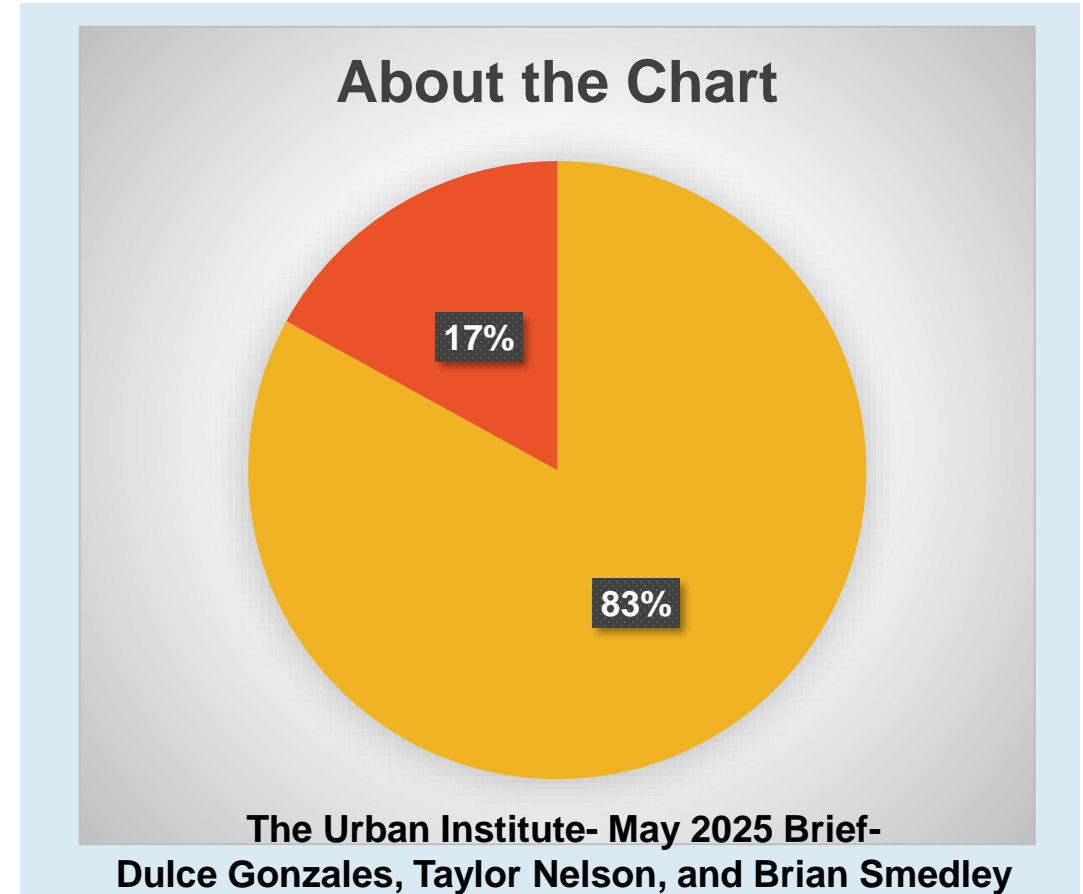
- **Improve** communication with Spanish speaking patients
- **Obtain** Correct Medical & Dental Information
- **Increase** Confidence, Comfort Level and Trust
- **Increase** Treatment Plan Acceptance
- **Increase** Hispanic Patients & Referrals



# Why Learn Dental Spanish?



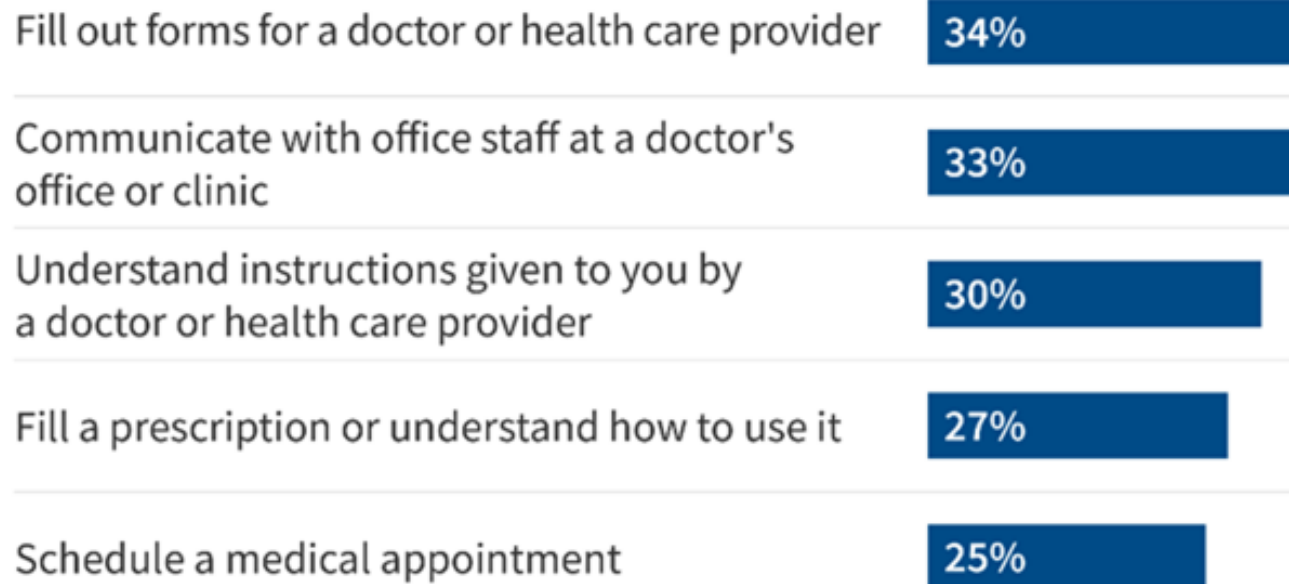
About 4 in 5 (83 percent) Spanish-speaking Hispanic adults said it was **very or somewhat important** for their health care provider to speak the same language or provide translation services.



# About a Third of Adults with Limited English Proficiency Say They Have Faced Language Barriers When Seeking Health Care:



Percent of adults with limited English proficiency who say there was a time in the past three years when difficulty speaking or reading English made it hard for them to:



(Source: KFF.ORG)

# Types of Interpretation



- Bilingual Providers/Staff
- Written Translation Services
- In-Person Interpretation
- Telephone Interpretation
- Video Remote Interpretation (VRI)
- Ad Hoc Interpreting



# Best Practice in Health Care



- Use **professional medical/dental interpreters** (in-person, phone, or video) when language concordance is not possible.
- **Avoid relying on ad hoc interpreters** (family, friends, children).
- Combine interpretation with **translated written materials** for optimal patient understanding.
- Use **AI translation only** for **non-PHI, general communication**
- HIPAA-compliant vendors like **LanguageLine, Cyracom, AMN Healthcare.**
- Always **document** when interpreter **services are provided** (AI or human).

# What Do the Studies Show?



## **Daggett et al. (2023)** — *The Effect of Language Concordance on Health Care Relationship Trust Score*

- Spanish-speaking patients who saw Spanish-speaking physicians had **significantly higher trust scores** on the Health Care Relationship (HCR) Trust Scale compared to those using ad hoc interpreters.
- Language concordance, as well as using professional interpreters, **improve trust and the quality of the relationship** between patient and provider.

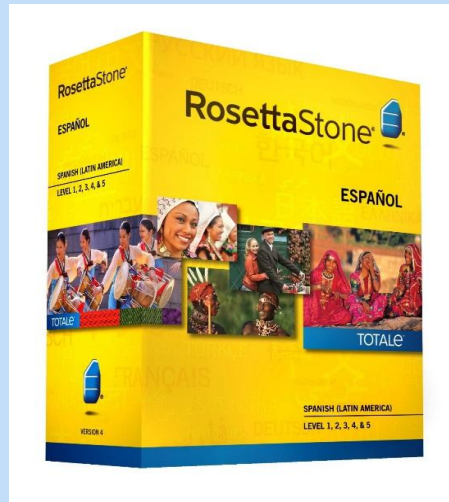
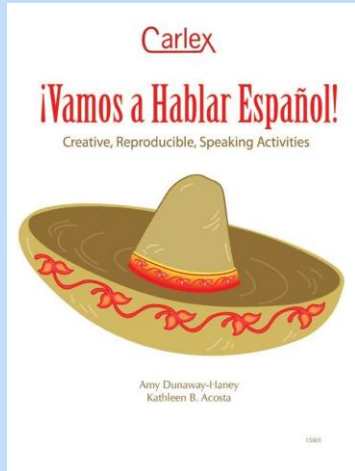
## **Esles et al. (2013)** “*Patient satisfaction with language-concordant care*”

- **Nearly all (97%)** Spanish-speaking Hispanic patients surveyed indicated **increased satisfaction** if their provider speaks Spanish.

## **Lopez Vera, Alexandra et al. (2023)** *A Case Study: “The Impact of Language Concordance on Patient Care, Satisfaction, and Comfort”*

- Compared patients seen by Spanish-speaking student doctors vs. those using interpreters. Those with Spanish-speaking providers had **higher comfort, satisfaction, and willingness to share sensitive information**

# Learning Spanish



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English - detected ↔ Spanish

**tooth** × diente

toOTH

Translations of tooth

noun

- el diente  
tooth
- la muela  
tooth, molar, cheektooth
- la púa  
plectrum, tine, quill, scion, tooth, spine

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# Ready for Dental Spanish?

# Basic Grammar Tips



- **Pronounce every letter for most Spanish words**  
ex. casa, blanco, dinero
- **Certain letters have accent marks for emphasis**  
ex. frío, Víctor (and can change the meaning = Victòr)
- **Rolling or trilling the “r” when you see 2 “r”s**  
ex. carro, perro
- **Tilde sign ~ over the letter n has y sound**  
ex. niño, Peña
- **Double ll has a “y” sound**  
ex. pollo, calle
- **Nouns may have masculine (o) or feminine (a) endings**  
ex. niño, niña

# Examination Terms

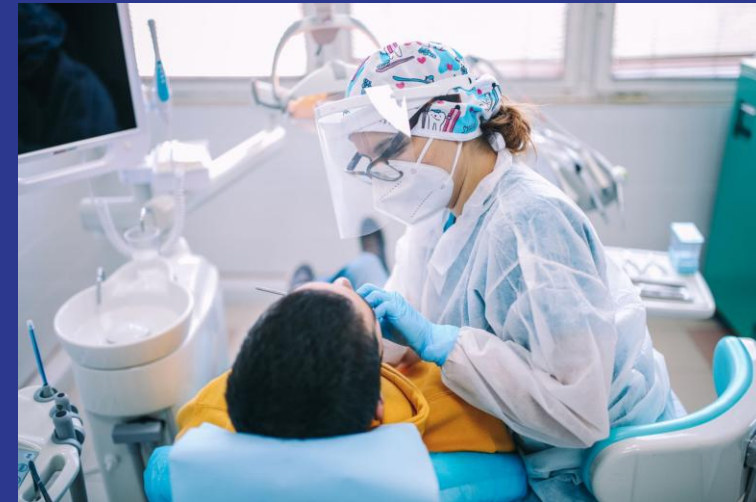
**Dentista** = **Dentist**  
(den-tee-stah)

**Odontologo** = **Dentist**  
(oh-dohn-toh-loh-goh)

**Higienista** = **Hygienist**  
(ee-hien-ee-stah)

**Asistente** = **Assistant**  
(ah-sis-ten-te)

**Recepcionista** = **Receptionist**  
(reh-cep-syon-ee-stah)



# Examination Terms

**Examen** = **Exam**  
(eck-sahm-ehn)

**Consulta** = **Exam**  
(kohn-sool-tah)

**Historial Médico** = **Medical History**  
(ee-stoh-ree-al med-e-coh)

**Historial Dentál** = **Dental History**  
(ee-stoh-ree-al den-tahl)

**¿Toma alguna medicina?** **Do you take medicine?**  
(toh-mah al-goon-ah meh-dee-see-nah)



## Patient Dental & Medical Health History Information

To our patients: Please know that we may ask follow-up questions to make sure we have all of the information we need in order to treat you.

PATIENT INFORMATION			
Last Name:	First Name:	Middle Name:	
Home Phone:	Cell Phone:	Work Phone:	
Email Address:			
Mailing Address:	City:	State:	Zip:
Date of Birth: / /	Gender:		
Occupation:			
Emergency Contact: Name:	Relationship:	Phone:	
If you are completing this form for another person, what is your name and relationship to that person? Name: _____ Relationship: _____ If executing this form as the patient's personal representative, I represent and warrant that I have full legal right and authority to consent to the performance of any procedure(s) on this patient. If for any reason I no longer have such legal right and authority, I will immediately notify the practice in writing.			
DENTAL HISTORY & SYMPTOMS			
What is the reason for your visit today?			
Are you currently experiencing any dental pain or discomfort? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?			
When was your last dental exam? / / What was done at that appointment?			
When was the last time you had dental x-rays taken?			
Please mark an "X" in the box ONLY if this applies to you.			
Is it hard to open your mouth? .....	<input type="checkbox"/>	Have you ever had a serious injury to your head or mouth? .....	<input type="checkbox"/>
Does it hurt to chew, bite or swallow? .....	<input type="checkbox"/>	If yes, please describe what happened and when it happened: .....	
Do your gums bleed when you brush or floss your teeth? .....	<input type="checkbox"/>	Have you ever had problems with dental treatment in the past? .....	<input type="checkbox"/>
Have you ever had periodontal (gum) treatments like scaling and root planing? .....	<input type="checkbox"/>	If yes, please describe what happened: .....	
Do you have, or have you ever had, any sores or growths in your mouth? .....	<input type="checkbox"/>	Have you ever had a reaction to or problem with dental anesthesia? .....	<input type="checkbox"/>
Do you clench or grind your teeth? .....	<input type="checkbox"/>		

## Información del historial médico y dental del paciente

A nuestros pacientes: tenga en cuenta que podemos formular preguntas de seguimiento para asegurarnos de que tengamos toda la información que necesitamos a fin de poder tratarlo.

INFORMACIÓN DEL PACIENTE			
Apellido:	Nombre:	Segundo nombre:	
Teléfono particular:	Teléfono celular:	Teléfono laboral:	
Dirección de correo electrónico:			
Domicilio postal:	Ciudad:	Estado:	Código postal:
Fecha de nacimiento: / /	Sexo:		
Occupación:			
Contacto de emergencia: Nombre:	Relación:	Teléfono:	
Si está completando el formulario en nombre de otra persona, ¿cuál es su nombre y la relación con esa persona? Nombre: _____ Relación: _____ Si firma este formulario en calidad de representante personal del paciente: Declaro y garantizo que tengo pleno derecho y autoridad legal para consentir la realización de cualquier procedimiento a este paciente. Si por alguna razón ya no tengo tal derecho y autoridad legal, lo notificaré de inmediato por escrito al consultorio.			
HISTORIAL DENTAL Y SÍNTOMAS			
¿Cuál es el motivo de la visita de hoy?			
¿Actualmente experimenta algún dolor o malestar dental? <input type="checkbox"/> Sí <input type="checkbox"/> No Si es así, ¿dónde?			
¿Cuándo fue el último examen dental? / / ¿Qué se llevó a cabo en esa cita?			
¿Cuándo fue la última vez que le realizaron radiografías dentales?			
Marque la casilla con una «X» SOLO si se aplica a usted.			
¿Le cuesta abrir la boca? .....	<input type="checkbox"/>	¿Alguna vez ha sufrido una lesión grave en la cabeza o la boca? .....	<input type="checkbox"/>
¿Le duele al masticar, morder o tragar? .....	<input type="checkbox"/>	Si es así, describa lo ocurrido y cuándo ocurrió: .....	
¿Le sangran las encías cuando se cepilla o usa hilo dental? .....	<input type="checkbox"/>	¿Ha tenido problemas con el tratamiento dental en el pasado? .....	<input type="checkbox"/>
¿Se ha sometido alguna vez a tratamientos periodontales (de encías) como desatrasaje y alisado radicular? .....	<input type="checkbox"/>	Si es así, describa lo ocurrido: .....	

### DENTAL REGISTRATION AND HISTORY

#### 1 PATIENT INFORMATION

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

SBVHC/Patient ID #: \_\_\_\_\_

Patient Name: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_

E-mail: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Sex:  M  F Age: \_\_\_\_\_

Birthdate: \_\_\_\_\_

Married  Widowed  Single  Minor

Separated  Divorced  Partnered for \_\_\_\_\_ years

Patient Employer/School: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer/School Address: \_\_\_\_\_

Employer/School Phone (\_\_\_\_): \_\_\_\_\_

Spouse's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_

SSN: \_\_\_\_\_

Spouse's Employer: \_\_\_\_\_

Whom may we thank for referring you? \_\_\_\_\_

#### 2 DENTAL INSURANCE

Who is responsible for this account? \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Group #: \_\_\_\_\_

Is patient covered by additional insurance?  Yes  No

Subscriber's Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ SSN: \_\_\_\_\_

Relationship to Patient: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_

Group #: \_\_\_\_\_

**ASSIGNMENT AND RELEASE**

I certify that I, and/or my dependent(s), have insurance coverage with \_\_\_\_\_ and assign directly to \_\_\_\_\_

Name of Insurance Company(ies): \_\_\_\_\_

Signature of Patient, Parent, Guardian or Personal Representative: \_\_\_\_\_

Please print name of Patient, Parent, Guardian or Personal Representative: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to Patient: \_\_\_\_\_

#### 3 PHONE NUMBERS

Home (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ Ext \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Spouse's Work (\_\_\_\_) \_\_\_\_\_ Best time and place to reach you: \_\_\_\_\_

**IN CASE OF EMERGENCY, CONTACT** (Specify someone who does not live in your household.)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

#### 4 DENTAL HISTORY

Reasons for today's visit: \_\_\_\_\_

Former Dentist: \_\_\_\_\_

City/State: \_\_\_\_\_

Date of last dental visit: \_\_\_\_\_

Date of last dental X-rays: \_\_\_\_\_

Place a mark on "yes" or "no" to indicate if you have had any of the following:

Bad breath	<input type="checkbox"/> Yes <input type="checkbox"/> No	Burning sensation on tongue	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mouth breathing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Bleeding gums	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chew on one side of mouth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mouth pain, brushing	<input type="checkbox"/> Yes <input type="checkbox"/> No
Blisters on lips or mouth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Cigarette, pipe, or cigar smoking	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mouth pain, treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Clicking or popping jaw	<input type="checkbox"/> Yes <input type="checkbox"/> No	Orthodontic treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Dry mouth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Pain around ear	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Fingernail biting	<input type="checkbox"/> Yes <input type="checkbox"/> No	Periodontal treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Food collection between the teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sensitivity to cold	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Foreign objects	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sensitivity to heat	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Grinding teeth	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sensitivity to sweets	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Gums swollen or tender	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sensitivity when biting	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Jaw pain or tenderness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Sores or growths in your mouth	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Lip or cheek biting	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often do you floss? _____	
		Loose teeth or broken fillings	<input type="checkbox"/> Yes <input type="checkbox"/> No	How often do you brush? _____	

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# Examination Terms



**\*Rayo Equis = X-ray**  
(rah-yoh eh-keys)

**Radiografia = X-ray**  
(rah-dee-oh-grah-fee-ah)

**Tomar = Take**  
(toh-mar)

**Por favor relaje y respire = Please Relax & Breath**  
(poor-fah-vohr reh-lah-heh ee reh-spee-reh)



# Clinical Terms



**Diente** = **Tooth**  
(dyen-teh)

**Boca** = **Mouth**  
(bow-cah)

**Labio** = **Lip**  
(la-bee-yo)

**Lengua** = **Tongue**  
(len-gwah)



# Clinical Terms



**Muela = Molar**

(mweh-lah)

**Diente en frente = Front tooth**

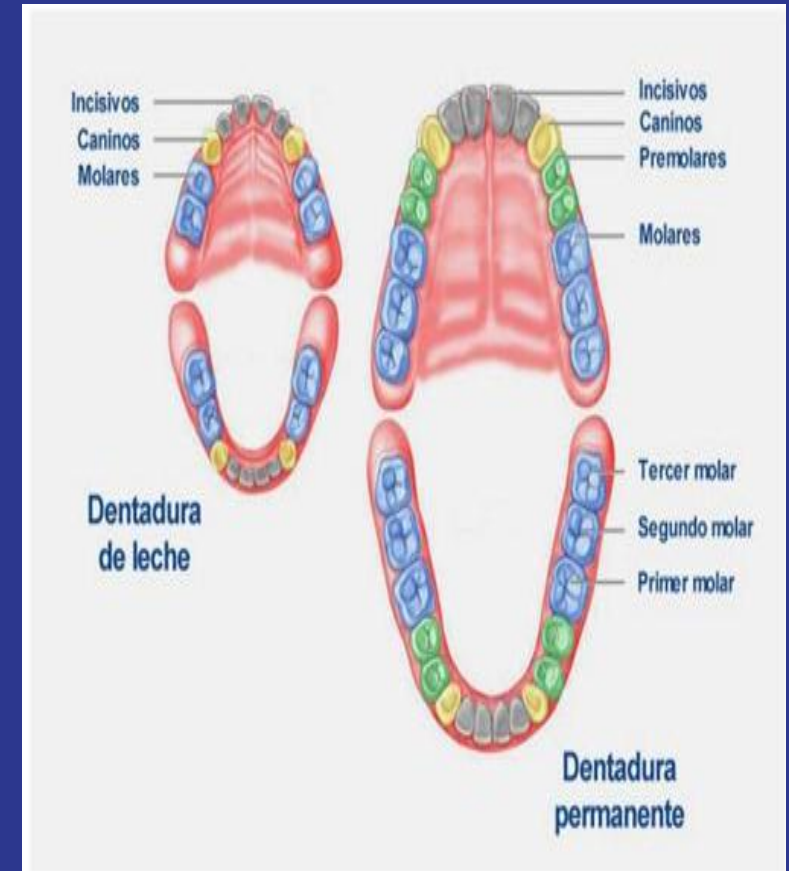
(dee-yen-teh ehn fren-the)

**Diente de leche = Baby teeth**

(dee-yen-teh deh leh-cheh)

**Diente permanente = Permanent teeth**

(dee-yen teh pehr-mahn-ehn-teh)





# Clinical Terms



**\*Caries**  
(ca-ree-es)

= **Caries/Decay**

**\*Picado**  
(pee-cah-doh)

= **Decay**

**Cavidad**  
(ca-vee-dawd)

= **Decay**



# Clinical Terms



**Placa = Plaque**  
(pla-cah)

**Sarro = Calculus, Tartar**  
(sar-roh)

**Sangre = Blood**  
(san-gray)

**Encias = Gingiva**  
(ehn-see-ahs)



# Clinical Terms



Gingivitis = **Gingivitis**

(hen-hee-vee-tees)

Periodontitis = **Periodontitis**

(pear-ee-oh-don-tee-tees)

**Periodoncista** = **Periodontist**

(pear-ee-oh-don-cee-stah)



# Clinical Terms



Abra(e) = **Open**  
(ah-brah)

Cierra = **Close**  
(syeh-rah)

Escupe = **Spit**  
(eh-scoop-eh)

Enjuage = **Rinse**  
(Ehn-hwah-geh)



# Clinical Terms



**Empaste = Filling**

(ehm-pahs-teh)

**Relleno = Filling**

(ray-yen-oh)

**Amalgama = Amalgam**

(ah-mal-gahm-ah)

**Empaste de plata = Silver Filling**

(ehm-pahs-teh deh plah-tah)





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Translate

filling

el empaste, el relleno

Dictionary

Examples <sup>NEW</sup>



filling

NOUN

1. (dentistry)

a. el empaste (m)

If my filling falls out again, I will call the dentist. — Si se me cae el empaste otra vez, llamaré al dentista.

b. la emplomadura (f) (Southern Cone)

If you have a cavity, the dentist will give you a filling. — Si tiene una caries, el dentista le colocará una emplomadura.

c. la tapadura (f) (Chile) (Mexico)

The dentist asked if the patient wanted a gold filling. — El dentista preguntó si el paciente quería que la tapadura fuera de oro.

d. la calza (f) (Colombia) (Ecuador)

The dentist told him he would need three fillings. — La dentista le dijo que necesitaría tres calzas.

2. (culinary)

a. el relleno (m)

Empanadas can have meat, cheese, vegetable, or fruit fillings. — Las empanadas pueden tener relleno de carne, queso, verduras o frutas.

3. (construction)

a. el relleno (m)

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# Clinical Terms



**Corona = Crown**

(core-oh-nah)

**Provisional = Provisional**

(pro-vee-syohn-al)

**Puente = Bridge**

(pwehn-teh)

**Implante = Implant**

(eem-plahn-teh)

**Porcelana = Porcelain**

(Pore-seh-lah-nah)



# Clinical Terms



**Placa** = **Partial**  
(plah-cah)

**Parcial** = **Partial**  
(par-syahl)

**Dentadura** = **Denture**  
(den-tah-dur-ah)





# Clinical Terms



**Dolor = Pain**  
(doh-lore)

**Molestia = Discomfort**  
(mole-ehs-tee-ah)

**Sensible = Sensitive**  
(sehn-see-bleh)

**Calor/Frío = Hot/Cold**  
(cah-lor/free-oh)



# Clinical Questions



¿Quién?	=	<b>Who?</b>
¿Qué?	=	<b>What?</b>
¿Cuándo?	=	<b>When?</b>
¿Dónde?	=	<b>Where?</b>
¿Cuál?	=	<b>Which?</b>
¿Cómo?	=	<b>How?</b>
¿Por qué?	=	<b>Why?</b>

# Clinical Phrases



**Me llamo Dr./Dra. \_\_\_ = My name is Dr. \_\_\_\_\_**

(meh yah-moh dohc-tore/dohc torah)

**¿Cómo se llama? = What is your name?**

(koh-moh say yahm-ah)

**¿Cómo estas? = How are you?**

(coh-moh eh-stahs)

**¿Cómo puedo ayudarle? = How can I help you?**

(coh-moh pweh-doh ah-you-dar-leh)

# Clinical Phrases



**¿ Habla usted ingles? = Do you speak English**

(ah-blah oo-stead een-gles)

**Yo hablo un poquito Español = I speak a little Spanish**

(yoh-ahb-loh ehs-pahn-ohl oon poh-kee-toh)

**No entiendo = I do not understand**

(no ehn-tyen-doh)

**¿Entiende Usted? = Do you understand?**

(ehn-tyen-deh oo-stead)

# Clinical Phrases- Pain



**¿Tienes Dolor? = Do you have pain?**

(tyeh-nays dole-ohr)

**¿Dónde le duele? = Where does it hurt?**

(dohn-deh leh dwell-eh)

**¿Cómo le duele? = How does it hurt?**

(coh-moh leh dwell-eh)

**¿Cuándo comenzó el dolor? = When did the pain start?**

(kwahn-doh kome-ehn-zoh ehl doh-lohr)

# Clinical Phrases



**No se mueve, por favor = Do not move, please**

(no seh mweh veh pour fah vohr)

**Levante la mano si le duele = Raise your hand if it hurts**

(leh vahn teh lah mah noh see leh dweh leh)

**Va sentir presión = You will feel pressure?**

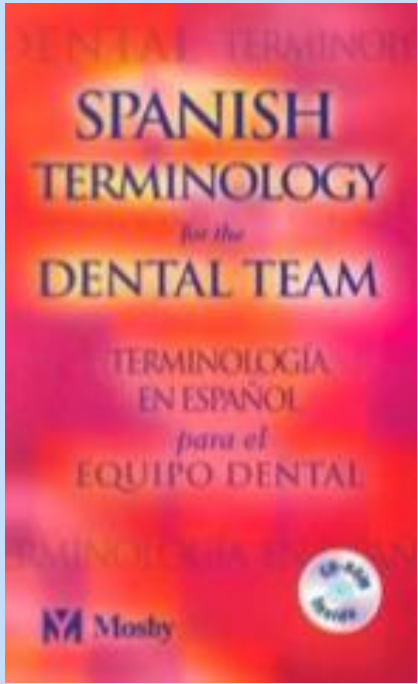
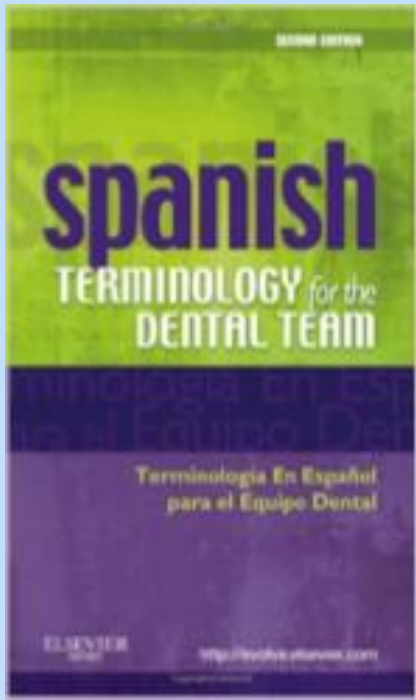
(vah sehn teer preh see yon)

**Puede sentir molestia = You may feel discomfort?**

(pweh deh sehn teer moh lehs tee ya)

**¿Le duele? ¿Dónde le duele? = Does it hurt? Where?**

(leh dweh leh, don deh leh dweh leh)



Spanish Medical Conversation

Basic phrases & key words to help patients & health-care providers communicate more easily

<p><b>BASIC CONVERSATION</b></p> <p>How? ¿Cómo?</p> <p>Good morning. Buenos días.</p> <p>Good afternoon. Buenas tardes.</p> <p>My name is... Mi nombre es...</p> <p>I am your nurse. Soy su enfermera.</p> <p>I am your doctor. Soy su doctor(a).</p> <p>How are you? ¿Cómo está Ud.?</p> <p>Thank you. Gracias.</p> <p>Excuse me. Perdone.</p> <p>Yes. Sí.</p> <p>No. No.</p> <p>Sometimes. A veces.</p> <p>Good-bye. Hasta luego; adiós.</p> <p>How are you feeling? ¿Cómo se siente Ud.?</p> <p>How old are you? ¿Cuántos años tiene Ud.?</p> <p>Where do you live? ¿Dónde vive Ud.?</p> <p>What's your address? ¿Cuál es su dirección?</p> <p>Do you live alone? ¿Vive Ud. solo/a?</p> <p>Who lives with you? ¿Quién vive con Ud.?</p> <p>Are you single? ¿Es Ud. soltero/a?</p> <p>Are you married? ¿Es Ud. casado/a?</p> <p>Are you widowed? ¿Es Ud. viudo/a?</p> <p>Are you separated? ¿Está Ud. separado/a?</p> <p>Do you have any children? ¿Tiene Ud. hijos?</p> <p>How many? ¿Cuántos?</p> <p>What type of work do you do? ¿Qué tipo de trabajo hace?</p> <p>Where do you work? ¿Dónde trabaja Ud.?</p> <p>Monday. Lunes.</p> <p>Tuesday. Martes.</p> <p>Wednesday. Miércoles.</p> <p>Thursday. Jueves.</p> <p>Friday. Viernes.</p> <p>Saturday. Sábado.</p> <p>Sunday. Domingo.</p> <p>one (1). uno.</p> <p>two (2). dos.</p> <p>three (3). tres.</p> <p>four (4). cuatro.</p> <p>five (5). cinco.</p> <p>six (6). seis.</p> <p>seven (7). siete.</p> <p>eight (8). ocho.</p> <p>nine (9). nueve.</p> <p>ten (10). diez.</p> <p>first (1st). primero.</p> <p>second (2nd). segundo.</p> <p>third (3rd). tercero.</p>	<p><b>HEAD &amp; NECK/ CABEZA Y CUELLO</b></p> <p>Do you have or have you ever had...? ¿Tiene Ud. o ha tenido Ud. alguna vez...?</p> <p>aphasia (difficulty speaking)? al hablar?</p> <p>stroke (difficulty swallowing)? dificultad para tragar?</p> <p>facial numbness? entumecimiento facial?</p> <p>strabismus? estrabismo?</p> <p>ear pain? dolor de oído?</p> <p>eye pain? dolor de ojo?</p> <p>bleeding? sangrado?</p> <p>hearing loss? pérdida de la audición?</p> <p>light flashes? destellos de luz?</p> <p>epiphora (excessive eye movement)? lagrimeo (movimiento excesivo del ojo)?</p> <p>photophobia (abnormal sensitivity to light)? sensibilidad (anormal) a la luz?</p> <p>tinnitus (ringing or buzzing in the ears)? zumbido (en los oídos)?</p> <p>visual loss? pérdida de visión?</p> <p>visual blur? visión con manchas visuales?</p>	<p><b>GENITOURINARY SYSTEM/ SISTEMA GENITOURINARIO</b></p> <p>The genitourinary system refers to the sexual organs (genitals), urinary tract and organs, and all their functions.</p> <p>Do you have or have you ever had...? ¿Tiene usted o ha tenido Ud. alguna vez...?</p> <p>breast dimpling? abultación en los senos?</p> <p>breast pain? dolor en los senos?</p> <p>menstrual cramps? cólicos (menstruales)?</p> <p>back pain (side pain)? dolor en el costado?</p> <p>gonorrhea? gonorrea (enfermedad de transmisión sexual)?</p> <p>hematuria (blood in the urine)? sangre en la orina?</p> <p>impotence (inability to have an erection)? impotencia (incapacidad de tener relaciones sexuales)?</p> <p>menorrhagia (heavy or heavy menstruation)? menstruación o abundante?</p> <p>vaginal discharge (infection of the penis)? secreción del pene?</p> <p>epididymitis (inflammation of the epididymis)? epididimitis (inflamación del epididimo)?</p> <p>prostate (enlargement of the prostate)? próstata (aumento de tamaño)?</p> <p>urethra (inflammation of the urethra)? uretra (inflamación de la uretra)?</p> <p>vaginitis (inflammation of the vagina)? vaginitis (inflamación de la vagina)?</p> <p>It is possible that this condition may recur. Es posible que esta condición pueda volver a ocurrir.</p> <p>Do you ever feel a burning sensation? ¿Hay veces que Ud. tiene una sensación de ardor cuando orina?</p> <p>How often do you urinate each day? ¿Con qué frecuencia orina Ud. al día?</p> <p>What color is your urine? ¿De qué color es su orina?</p> <p>light or dark yellow? amarillo pálido o oscuro?</p> <p>white? blanco?</p> <p>blood? sangre?</p>
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Continuing Education Professional Resources For Your Patients Products & Research

Welcome to Conversational Spanish in Pediatric Dentistry

This online handbook will aid professionals in communicating basic concepts, instructions, and information to young Spanish-speaking patients and their parents. Use it to learn basic phrases through listening and repetition, or for quick reference when there is no one available to translate to the patient.

Each chapter contains a list of individual phrases pertaining to a specific topic.

To print a copy of the entire handbook for reference, click on "Handbook PDF".

Click on the Pronunciation Guide button on any page for a quick pop-up key to Spanish pronunciation.

[Pronunciation Guide](#) [Handbook PDF](#)

**HDA** HISPANIC DENTAL ASSOCIATION

**P&G Professional Oral Health** in collaboration with Staten Island University Hospital Department of Dentistry

Written and Narrated by: Maria Castaneda, DMD Patricia Dibos, DMD

Edited by: Steven Schwartz, DDS

<https://www.dentalcare.com/en-us/conversational-spanish>

**Bilingual Resource Guide**  
English to Spanish

At the dental appointment - En la cita odontológica

**"yo hablo español"**

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**Yo Hablo Español**

# Bilingual Resource Guide

English to Spanish

At the dental appointment - En la cita odontológica



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## Dental terminology

**Prescription:** Receta  
**Problem:** Problema  
**Recession:** Recesión  
**General Doctor:** Doctor general  
**Repair:** Reparar  
**Relax:** Relájese  
**Restroom:** Baño  
**Rinse:** Enjuague  
**Root:** Raíz

**Root Canal:** Tratamiento de conductos/Endodoncia  
**Sealant:** Sellador/Sellante

**yo hablo español**

## Body parts

**yo hablo español**

## Head & Neck

**yo hablo español**

## Medical history (part 3)

**Do you smoke?** → ¿Usted fuma?  
**How many cigarettes do you smoke per day?** → ¿Cuántos cigarrillos fuma al día?  
**Are you taking any new medication?** → ¿Está tomando medicinas nuevas?  
**Which ones, please?** → ¿Cuáles, por favor?  
**Do you have any heart or bleeding problems?** → ¿Tiene algún problema en el corazón o de sangramiento?  
**Do you have high or low blood pressure?** → ¿Tiene presión alta o baja?  
**Have you ever been to the dentist before?** → ¿Ha estado en el odontólogo antes?  
**Do your gums bleed?** → ¿Le sangran las encías?

**yo hablo español**

## Patient oral health evaluation

**How many times do you brush your teeth?** → ¿Cuántas veces al día se cepilla los dientes?  
**Do you floss? How many times a day do you floss?** → ¿Usa el hilo dental? ¿cuántas veces al día?  
**How do you clean your teeth?** → ¿Cómo se limpia sus dientes?  
**Do you have difficulty in chewing your food?** → ¿Tiene dificultad para masticar su comida?  
**Are your teeth sensitive?** → ¿Están sus dientes sensibles?  
**Do you use mouth rinse, if so what kind?** → ¿Usa enjuague bucal?, ¿qué tipo?  
**Do you wish to have orthodontic treatment?** → ¿Estaría interesado en un tratamiento de ortodoncia?  
**Do you grind or clench?** → ¿Rechina o aprieta sus dientes?

**yo hablo español**

## Procedure questions

**Open** → Abra  
**Close** → Cierre  
**Move your head towards the right/left** → Mueva su cabeza hacia la derecha/izquierda  
**Does your bite feel normal? Or does it feel high? Is it good now? Are you ok?** → ¿Siente su mordida normal? ¿O la siente alta? ¿Está bien ahora? ¿Está usted bien?

**yo hablo español**

*Yo Hablo Español*



## Yo Hablo Español Dental Spanish Terms (Beginner Reference)



English	Español
Hello	Hola
Please / Thank you	Por favor / Gracias
How are you?	¿Cómo está?
How can I help you?	¿Cómo le puede ayudar?
Do you have pain?	¿Tiene dolor?
Open your mouth	Abra la boca
Close your mouth	Cierre la boca
Bite	Muerde
Raise your hand if it hurts	Levante la mano si duele
Tooth / Molar	Diente / Muela
Enamel	Esmalte
Dentin	Dentina
Pulp	Pulpa Dental/Nervio
Gum	Encía
Cavity	Caries
Simple Cleaning	Limpieza Sencilla
Deep Cleaning	Limpieza Profunda
Spit	Escupe
Rinse	Enjuage
Polish	Pulir
Filling	Empaste / Relleno
Extraction	Extracción
Crown	Corona
X-ray	Radiografía
Allergy	Alergia
Medications	Medicamentos
Infection	Infección
Bleeding	Sangrado
Emergency	Emergencia
Refer	Referir
Specialist	Especialista

English	Español
<b>Greetings and Introductions</b>	
Hello / Good Morning/ Good Afternoon	Hola / Buenos Días/ Buenas Tardes
My name is Dr. _____	Me llamo Dr./Dra. ____
I am your dentist	Soy su dentista
How are you today?	¿Cómo está hoy?
How can I help you?	Como le puede ayudar?
<b>Basic Instructions</b>	
Please sit down	Por favor, siéntese
Open/Close your mouth	Abra/Cierre la boca
Do not move	No se mueva
Raise your hand if it hurts	Levante la mano si le duele
I will numb the area	Voy adormecer la area
Hands down, please	Manos abajo, por favor
You may feel discomfort	Puede sentir molestia
You will feel pressure	Va a sentir presión
<b>Pain &amp; Comfort</b>	
Does it hurt?	¿Le duele?
Where does it hurt?	¿Dónde le duele?
When does it hurt?	¿ Cuando le duele?
How does it hurt?	¿Cómo le duele?
A little / A lot	Un poco / Mucho
<b>Treatment &amp; Care</b>	
We need to take an X-ray	Necesitamos tomar una radiografía
You need a filling	Necesita un empaste
Brush your teeth	Cepílese los dientes
2 times a day for 2 minutes	Dos veces al dia por dos minutos
Floss every day	Use hilo dental todos los días
<b>Appointments</b>	
Do you have an appointment?	¿Tiene una cita?
What is your name?	¿Cuál es su nombre?
Your appointment is at _____	Su cita es a las ____
Please arrive 15 minutes early	Por favor, llegue 15 minutos antes
Do you need to reschedule?	¿Necesita cambiar la cita?
Please fill out this form	Por favor, complete este formulario
Sign here, please	Firme aquí, por favor
Do you have dental insurance?	Tiene seguro dental?
Thank you for coming	Gracias por venir
See you at your next appointment	Nos vemos en su próxima cita

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Hispanic Dental Association website [hdassoc.org](http://hdassoc.org)

[Spanishdict.com](http://Spanishdict.com)

[PewResearch.org](http://PewResearch.org)

# Summary



**1. TRY, TRY, TRY:** Start someplace

**2. PRACTICE, PRACTICE, PRACTICE:**

with fellow employees, patients, read aloudaloud

**3. Remember Google Translate & online resources**

**4. Spanish Forms:** consent forms, post op forms

**5. Learn one way to say one word well**

**6. HAVE FUN!!**



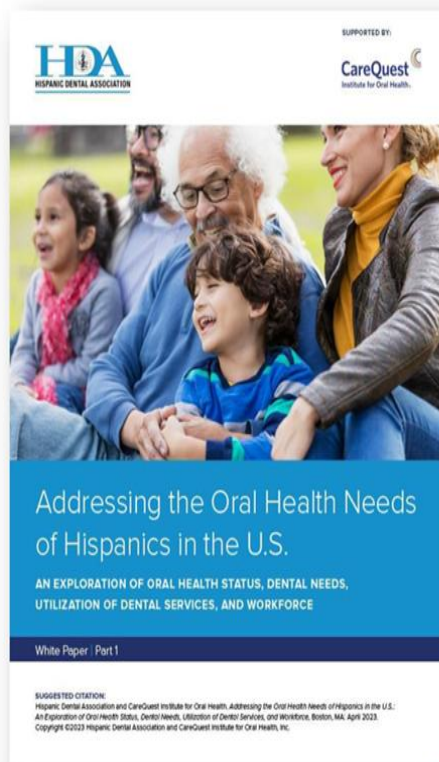


# Questions? ¿Preguntas?

# Addressing the Oral Health Needs of Hispanics in the US

The comprehensive two-part report is a collaboration between the Hispanic Dental Association and CareQuest Institute.

Read the report at [carequest.org](https://carequest.org)



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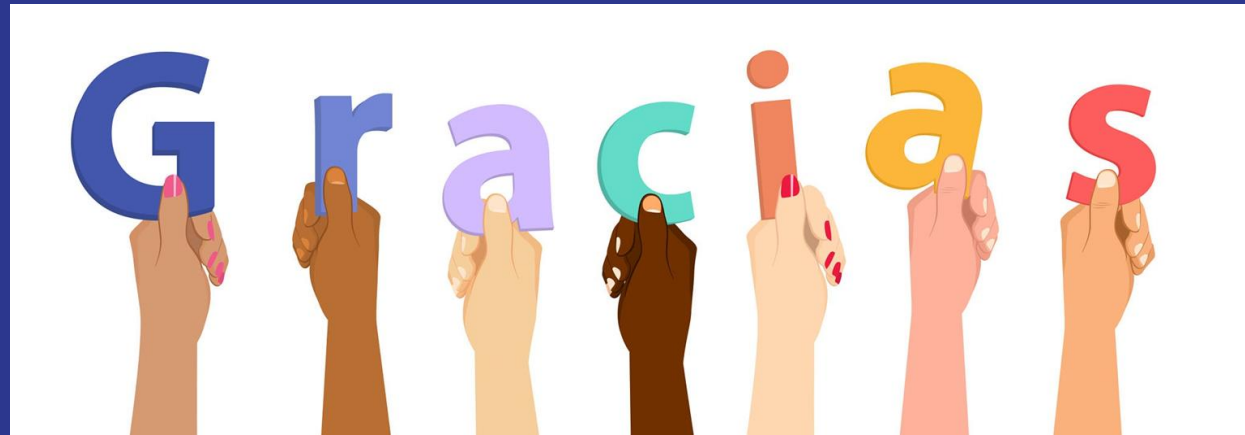
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