

Advanced Orthognathic Referral

www.cdental.com | info@cdental.com

				. •	
Patient Name					
Patient Phone					
DOB:	Next App	Next Appointment:			
Special Instructions	3				
	☐ Dolphii	n DAZ needed 🛚 Tra	cing analysis type: —		
Osteotomy cuts no (circle on images below					
Radiology Reports	□ UCLA F	□ UCLA Report □ Beamreaders Report □ NDI Analytical Report			
	·				
Included: CBCT Sca with surgical simulation			Photos merged to CE	3CT in Dolphin and a 3D tracing	
I would like to review	this in Dolphin surg	ery program with C-De	ntal 🗆 YES 🗆 NO		
LeFort I Ostaotomy	Segmental LeFort I Osteotomy	Path for Segittal Split Oskertomy	Sagittal Spill Ostoolomy		
Genioplasty	BSSO and genioplasty (bottom view)	BSSO, genioplasty (lateral view)	Midline Osteotomy		
inverted L Osteotomies	LeFort I, BSSO, Genloplasty	LeFort I Osteotomy	Maxillary expansion (three-piece), BSSO		
A CANA					

Doctor Signature	Da	ate
_	ton order he present at the time of appointment. Must have	

Vertical Ramus Osteotomy

Maxillary expansion (two-piece, 45 degree view)

□ SAN DIEGO
1550 Hotel Circle N., Suite 340
San Diego, CA 92108
O (619) 296-6132 | F (619) 296-2346
□ ENCINITAS
317 N. El Camino Real, Ste. 301
Encinitas, CA 92024
O (760) 942-2133 | F (760) 942-9613

□ LA MESA 8860 Center Dr., Suite 340 La Mesa, CA 91942 O (619) 461-3910 | F(619) 461-0754 □ MOBILE (760) 747-1971 ☐ **ESCONDIDO**919 East Grand Avenue
Escondido, CA 92025
O (760) 747-1971 | F (760) 747-3286

PAYMENT

C-Dental X-Ray and McCormack Dental Imaging, ask for payment at the time of service. Payment can be made by Cash, Credit Card (Visa, Mastercard, or Discover), Check, or 6 month <u>CareCredit</u> financing.

DENTAL INSURANCE

C-Dental is not in-network with Dental insurance carriers, however, C-Dental may assist patients with the filing of insurance claims as a courtesy. C-Dental will fill out an insurance claim with the correct procedure codes and provide postage. All insurance payments will be made to the patient directly from the insurance carrier if a reimbursement is due. It is the responsibility of the patient to follow-up with their insurance company. Please bring the following dental insurance information for us to assist you:

- Dental insurance provider name
- Group Number
- Subscriber ID number or last 4 of social security number
- Claims address (Usually a P.O. Box listed on the back of your insurance card)

MEDICAL INSURANCE

C-Dental can file medical health insurance claims for patients receiving medical treatment from a Dental office. Your dentist must provide you with a medical diagnosis code to be entered on your claim form. It is the responsibility of the patient to follow-up with their insurance company. Medical procedures C-Dental provides imaging for include but are not limited to Restricted Airway, TMJ, and Oral Surgery.