

Dental Imaging Referral

www.cdental.com | Send referrals to referral@cdental.com

- | | | | | |
|---|---|---|---|---|
| <input type="checkbox"/> SAN DIEGO - MISSION VALLEY
1550 Hotel Cir N, #340
San Diego, CA 92108
(619) 296-6132 | <input type="checkbox"/> LA MESA
8860 Center Drive, #340
La Mesa, CA 91942
(619) 461-3910 | <input type="checkbox"/> ENCINITAS
317 N. El Camino Real, #301
Encinitas, CA 92024
(760) 942-2133 | <input type="checkbox"/> ESCONDIDO
919 East Grand Avenue
Escondido, CA 92025
(760) 747-1971 | <input type="checkbox"/> SAN DIEGO COUNTY
MOBILE IMAGING VAN
(760) 747-1971 |
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Patient	DOB	CASE DELIVERY (<i>paperless by default</i>)
Patient Email	Referral Date	Paperless Options: <input type="checkbox"/> Box.com (email) <input type="checkbox"/> CD
Patient Phone	Next Appt	<input type="checkbox"/> OD3D Viewer <input type="checkbox"/> DICOM Only <input type="checkbox"/> 24hr Rush + \$50
Collaborating Doctor Email		Hard Copy Prints: <input type="checkbox"/> Paper (<i>addtl fee applies to paying party</i>)

Indicate Areas of Interest:

1 2 3 4 5 6 7 8 | 9 10 11 12 13 14 15 16
32 31 30 29 28 27 26 25 | 24 23 22 21 20 19 18 17

2D DIGITAL IMAGING			
<input type="checkbox"/> Panograph	<input type="checkbox"/> Bitewings Survey	<input type="checkbox"/> Cephalometric	<input type="checkbox"/> Beg <input type="checkbox"/> Progress <input type="checkbox"/> Final
<input type="checkbox"/> Full Mouth X-Ray <input type="checkbox"/> 20 Films <input type="checkbox"/> 27 Films <input type="checkbox"/> VBWS <input type="checkbox"/> HBWS <input type="checkbox"/> Grids	<input type="checkbox"/> Horizontal Films: <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> Vertical Films: <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> Grids <input type="checkbox"/> All Around	<input type="checkbox"/> Lateral <input type="checkbox"/> PA <input type="checkbox"/> AP	<input type="checkbox"/> Full 2D Orthodontic Survey <i>FMX, Pan, Ceph, Tracing, Photos</i>
<input type="checkbox"/> Paralleling Survey	<input type="checkbox"/> Occlusals	<input type="checkbox"/> Cephalometric Tracing	<input type="checkbox"/> Limited 2D Ortho Survey <i>Pan, Ceph, Tracing, Photos</i>
<input type="checkbox"/> Single Area(s) (<i>indicate tooth #s</i>)	<input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Topographical	<input type="checkbox"/> Steiner (<i>default</i>)	<input type="checkbox"/> Custom Orthodontic Survey
<input type="checkbox"/> Hand/Wrist Film	<input type="checkbox"/> Photography	<input type="checkbox"/> Other _____	

3D INTRAORAL IMAGING			
<input type="checkbox"/> Invisalign	<input type="checkbox"/> Clear Correct	<input type="checkbox"/> iRecord (<i>standard digital model</i>)	<input type="checkbox"/> STL File Delivery
<input type="checkbox"/> Invisalign Refinement	<input type="checkbox"/> Vivera Retainer	<input type="checkbox"/> iCast (<i>Ortho base digital model</i>)	<input type="checkbox"/> By email <input type="checkbox"/> To laboratory
<i>*Dr must remove arch wire for Vivera Retainer scan</i>			Lab Email _____

3D CBCT IMAGING			
CHOOSE SCAN DIMENSION	CHOOSE SURVEY		
<input type="checkbox"/> FOCUS <i>(1-3 adjacent teeth - not for guided surgery)</i>	<input type="checkbox"/> Endodontic	<input type="checkbox"/> CBCT FMX & Panograph	<input type="checkbox"/> Beg <input type="checkbox"/> Progress <input type="checkbox"/> Final
<input type="checkbox"/> SMALL <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Both Arches	<input type="checkbox"/> General Dental Evaluation	<input type="checkbox"/> TMJ <input type="checkbox"/> Open/Closed <input type="checkbox"/> Closed <input type="checkbox"/> w/Appliance	<input type="checkbox"/> Add 3D intraoral models
<input type="checkbox"/> LARGE (<i>15x15 cm</i>)	<input type="checkbox"/> Sinus	<input type="checkbox"/> Sleep Apnea (OSAS) <input type="checkbox"/> w/Appliance	<input type="checkbox"/> Basic 3D Orthodontic <i>3D FMX, Pan, Ceph, Tracing, 2D Photos</i>
	<input type="checkbox"/> Facial Pain	<input type="checkbox"/> Post-Op Scan <i>*Within 4 mo, same AOI, 3D Viewer Only</i>	<input type="checkbox"/> Standard 3D Orthodontic
	<input type="checkbox"/> Impactions (<i>indicate tooth #s</i>)	<input type="checkbox"/> 3D Photos	<input type="checkbox"/> Dolphin 3D Ortho Survey
	<input type="checkbox"/> Implant		<input type="checkbox"/> 3D Orthognathic <input type="checkbox"/> Basic <input type="checkbox"/> Standard <input type="checkbox"/> Advanced* <i>*Includes intraoral scan & surgical plan</i>
<input type="checkbox"/> Full Mouth Reconstruction (<i>Large & small CBCT, intraoral scan & 3D photos</i>) <input type="checkbox"/> Intraoral scan with & w/o partial to establish vertical <input type="checkbox"/> Wax rim to establish vertical			

GUIDED SURGERY		
1. Indicate Planning Option <input type="checkbox"/> No Guide - Software Conversion Only <input type="checkbox"/> Guided Surgery	3. In2Guide ONLY - Choose Virtual Design Option (<i>select one</i>) <input type="checkbox"/> No Wax-Up - 3D Intraoral Scan & Merge to CBCT <input type="checkbox"/> No Wax-Up - Immediate Extraction <input type="checkbox"/> No Wax-Up - 3D Intraoral Scan with & w/o Partial/Temporary <input type="checkbox"/> Virtual Wax-Up - CBCT & 3D Intraoral Scan (<i>indicate tooth #s</i>) <input type="checkbox"/> Dual Scan - Radiographic Guide or Marked Denture	4. Virtual Wax-Up Tooth #s _____ <input type="checkbox"/> Authorize virtual wax-up order <small>Checking this box authorizes C-Dental to order virtual design services from OnDemand3D. These services are rendered and billed by Ondemand3D (Irvine, CA). <i>*Addtl fees apply for surgical guides</i></small>
2. Indicate Planning Program <input type="checkbox"/> In2Guide <input type="checkbox"/> Simplant		

CBCT Radiology Reports: <input type="checkbox"/> NDI Basic (<i>does not apply to TMJ or both arch CBCT</i>) <input type="checkbox"/> NDI Analytical <input type="checkbox"/> BeamReaders <input type="checkbox"/> UCLA <input type="checkbox"/> C3DR (<i>2-3 day turnaround</i>)	Doctor Signature: <i>CA State Law requires a signature from the referring physician.</i>
SPECIAL INSTRUCTIONS <input type="checkbox"/> Bill Doctor <input type="checkbox"/> Patient Pays <input type="checkbox"/> Need 3D Software Assistance	

McCormack Dental Imaging Locations

SAN DIEGO - MISSION VALLEY

1550 Hotel Cir N, #340
San Diego, CA 92108
619-296-6132
619-296-2346 Fax

LA MESA

"Grossmont Medical Terrace" Sharp Building
8860 Center Drive, #340
La Mesa, CA 91942
619-461-3910
619-461-0754 Fax

ENCINITAS

317 N. El Camino Real, #301
Encinitas, CA 92024
760-942-2133
760-942-9613 Fax

ESCONDIDO

919 East Grand Avenue
Escondido, CA 92025
760-747-1971
760-747-3286 Fax

MOBILE IMAGING VAN

760-747-1971

Billing & Insurance Policies

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, FedEx or Discover), Check, or CareCredit financing (6 month financing for \$200+ orders).

DENTAL INSURANCE

C-Dental/MDI is not in-network with Dental insurance carriers, however, C-Dental/MDI may assist patients with the filing of insurance claims as a courtesy. C-Dental/MDI will fill out an insurance claim with the correct procedure codes. 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

A referral signed by a DDS/MD is required. C-Dental/MDI may assist patients with filling out 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/MDI provides imaging for include but are not limited to Restricted Airway, TMJ, and Oral Surgery.

Patients must call their imaging center location of choice to make an appointment. Referral is required at the time of the appointment. Please remove jewelry prior to your appointment.

