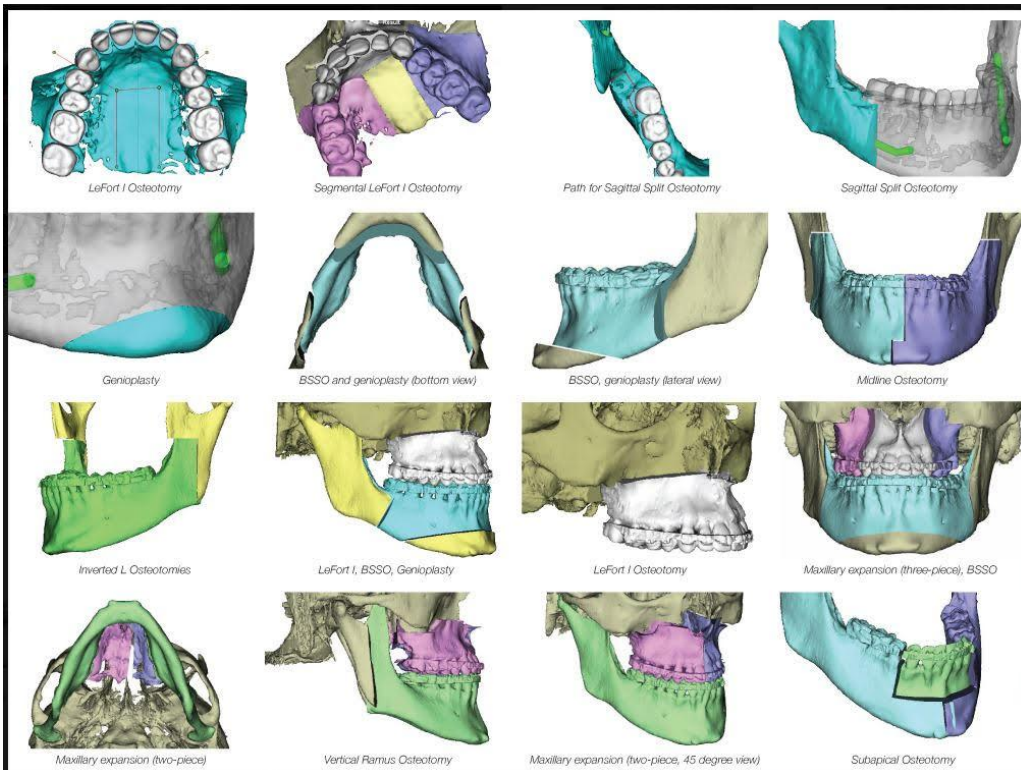


<b>Patient Name</b>	
<b>Patient Phone</b>	
<b>DOB:</b>	<b>Next Appointment:</b>
<b>Special Instructions</b>	<input type="checkbox"/> Dolphin DAZ needed <input type="checkbox"/> Tracing analysis type: _____
<b>Osteotomy cuts needed (circle on images below):</b>	
<b>Radiology Reports</b>	<input type="checkbox"/> UCLA Report <input type="checkbox"/> Beamreaders Report <input type="checkbox"/> NDI Analytical Report

**Included:** CBCT Scan, 3D Photos, 3D Intraoral Scan (IOS), 3D Photos merged to CBCT in Dolphin and a 3D tracing with surgical simulation images pre and post-op

*I would like to review this in Dolphin surgery program with C-Dental*    YES    NO



**Doctor Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**San Francisco - Downtown**

450 Sutter Street, Suite 1542  
San Francisco, CA 94108  
415-421-1389  
415-421-0146 Fax

**San Francisco - West Portal**

362 West Portal Avenue  
San Francisco, CA 94127  
415-753-8701  
415-753-8703 Fax

**San Mateo**

424 N. San Mateo Drive, Suite 100  
San Mateo, CA 94401  
650-685-8097  
650-685-8099 Fax

**Oakland**

170 Santa Clara Ave, Ste 101  
Oakland CA, 94610  
510-368-7236  
510-280-8440 Fax

**San Rafael**

1050 Northgate Drive, Suite 445  
San Rafael, CA 94903  
415-472-1323  
415-472-1364 Fax

**Menlo Park**

695 Oak Grove Avenue, Suite 330  
Menlo Park, CA 94025  
650-323-0204  
650-329-0265 Fax

**Mountain View**

505 South Drive, Suite 7  
Mountain View, CA 94040  
650-965-1320  
650-428-0505 Fax

**BAY AREA MOBILE IMAGING**

**VAN**  
(925) 935-0500

**Pleasanton**

5776 Stoneridge Mall Rd, #180  
Pleasanton, CA 94588  
925-846-9291  
925-846-9260 Fax

**Walnut Creek**

1900 Olympic Blvd., Suite 201  
Walnut Creek, CA 94596  
925-935-0500  
925-935-0533 Fax

**San Jose**

5150 Graves Avenue, Suite 10A  
San Jose, CA 95129  
408-446-9729  
408-446-9799 Fax

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**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 [CareCredit](#) 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**

A signed referral by a DDS/MD required. 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.