




## Full Mouth Reconstruction Referral

www.cdental.com | referral@cdental.com

<b>Patient Name</b>	
<b>Patient Phone</b>	
<b>DOB:</b>	<b>Next Appointment:</b>
<b>Special Instructions</b>	
<b>Payment Method:</b> <input type="checkbox"/> Patient Pays <input type="checkbox"/> Bill Doctor	
<b>Area(s) of Interest</b>	

**The type of full mouth reconstruction will be determined after reviewing the patient's x-rays and images. Virtual prosthesis is fabricated after reviewing the patient's CBCT.**

<b>Included:</b> CBCT Boost 15x15, 12x8 hires scan <i>if needed</i> , 3D Photos, 3D Intraoral Scan (IOS)	
<b>Preferred Type of Case:</b> <input type="checkbox"/> Fixed Crown & Bridge <input type="checkbox"/> Fixed Hybrid <input type="checkbox"/> Locators	
<input type="checkbox"/> Please contact me to schedule a planning meeting between C-Dental, dental lab and collaborating doctors.	
SPECIAL SCENARIOS	
<p><b>FULLY EDENTULOUS</b> (Dual CBCT scan) Send patient with hard-lined well-fitting denture and bite support</p> <p><input type="checkbox"/> Patient will bring a hard-lined well-fitting denture and a PVS bite support</p> 	<p><b>COLLAPSED BITE</b> (Dual Itero scans) - <b>1.5 hour appointment</b> Send patients with waxed rim or a partial. This type of appointment will require more time to take an intraoral scan with &amp; without the partial. Itero cases require at least 3 natural (non mobile) teeth</p> <p><input type="checkbox"/> Patient has a collapsed bite and will bring well fitting partials that establish the correct vertical on the Intra oral scan and Large CBCT. A dual Itero scan will be needed with a \$50 Cybermed merge. A high res CBCT without partials will also be taken for surgical planning.</p> <p><input type="checkbox"/> Patient has a collapsed bite and will bring a wax rim to establish the correct vertical on the intra oral scan and Large CBCT scan.</p>  
<b>MOBILE TEETH</b> <input type="checkbox"/> Patient's teeth will be splinted <input type="checkbox"/> <b>Diagnostic Report</b> _____	

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

## C-Dental X-Ray Locations

### 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/MDI 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.