

PATIENT INFORMATION

PAYMENT RESPONSIBILITY

PATIENT

DOB

Patient

Bill Doctor

PATIENT PHONE

PATIENT EMAIL

REFERRING DOCTOR

REFERRAL DATE

DOCTOR EMAIL Cases will be sent to this email

SEND DIGITAL COPY TO COLLABORATING DOCTOR(S) or LAB

CASE DELIVERY

OPTIONS:

Mailed Disc

Email (Box.com)

BOTH

Viewer w/DICOM

DICOM Only

Standard Patient Survey

JPEG Images, DICOM & Viewer

Paper Prints

(Addtl Fee Applies)

2D DIGITAL X-RAYS

FULL MOUTH X-RAY

20 Films 27 Films

VBWS HBWS

Grids

BITEWINGS SURVEY

Horizontal Films: 4 2

Vertical Films: 6 4

Grids All-Around

PARALLELING SURVEY

SINGLE AREA(S) Indicate tooth #s

HAND/WRIST (Bone Age)

OCCLUSALS

Mandible Maxilla

Topographical

PANOGRAPH

CEPHALOMETRIC

Lateral PA AP

CEPHALOMETRIC TRACING

Steiner Tweed Witts

Other

PHOTOGRAPHY

Beginning Progress Final

FULL 2D ORTHODONTIC SURVEY

FMX, Pan, Ceph, Tracing & Photos

LIMITED 2D ORTHODONTIC SURVEY

Panograph, Ceph, Tracing & Photos

CUSTOM ORTHODONTIC SURVEY

3D CBCT IMAGING

| Standard Patient Surveys | JPEG images created - Case delivered 2-3 business days

STEP 1 |

CHOOSE SCAN DIMENSION

FOCUS

(1-3 adjacent teeth)

MAXILLA

MANDIBLE

LARGE SCAN (Includes cranium)

BOTH ARCHES (Small Scan)

INDICATE AREA(S) 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

STEP 2 | CHOOSE SURVEY

ENDODONTIC

IMPLANT Post-Op (w/in 6 months - same AOI)

IMPACTIONS/3rd MOLARS

SLEEP APNEA (OSAS) Add Sinus

CBCT FMX & PANOGRAPH

FACIAL PAIN

GENERAL DENTAL EVALUATION

TMJ - CLOSED Add 3D Movie

TMJ - OPEN & CLOSED

TMJ - WITH APPLIANCE

Treatment Phase

Beg Progress Final

3D BASIC ORTHODONTIC

FMX, Lat Ceph/Tracing, Panograph, Photos

3D STANDARD ORTHODONTIC

Add 3D Movie Add IOS

ORTHOGNATHIC

GUIDED SURGERY

IMPLANT | Guided Surgery

IMPLANT/KIT TYPE Indicate manufacturer

VIRTUAL DESIGN OPTION

No Wax-Up | IOS + Merge to CBCT

No Wax-Up | Immediate Extraction

No Wax-Up | IOS with & w/o Partial/Temporary

Virtual Wax-Up | CBCT + IOS

Wax-Up Tooth #s _____

Checking this box authorizes C-Dental to complete virtual design services. *Addtl fees apply for surgical guides & waxups

Dual Scan | Radiographic Guide or Marked Denture

Full Mouth Reconstruction

IOS with & w/o partial to Wax rim to est. vertical est. vertical

3D INTRAORAL SCAN (IOS)

INVISALIGN

Refinement

VIVERA RETAINER

iCAST Ortho base models

Doctor Providing IOS (Guided Surgery)

Please upload STL files to www.cdental.com

CLEAR CORRECT

Refinement

STL FILES (For lab use)

iRECORD Standard digital models

SPECIAL INSTRUCTIONS

24hr RUSH CASE - Addtl Fee Applies

CBCT RADIOLOGY REPORTS

BeamReaders

Capture3D Radiology

NDI Basic Report

Does not apply to TMJ or Both Arch CBCT

UCLA

NDI Analytical Report

DOCTOR SIGNATURE

CA State Law requires a signature from the referring physician.

MCCORMACK DENTAL IMAGING LOCATIONS

SAN DIEGO - Mission Valley

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

ESCONDIDO

919 East Grand Ave
Escondido, CA 92025
P 760-747-1971
F 760-747-3286

LA MESA

Grossmont Medical Terrace

8860 Center Dr, #340
La Mesa, CA 919142
P 619-461-3910
F 619-461-0754

ENCINITAS

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

SAN DIEGO COUNTY MOBILE IMAGING VAN

P 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, AMEX 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. FEES ARE PAYABLE AT THE TIME SERVICES ARE RENDERED; UNLESS BILL DOCTOR IS MARKED. VISA MC, DISCOVER, AMEX, CARE CREDIT, CASH OR CHECKS ACCEPTED. PLEASE REMOVE ALL JEWELRY PRIOR TO APPOINTMENT. A REFERRAL IS REQUIRED AT THE TIME OF THE APPOINTMENT.

Referrals may be sent to referral@cdental.com