




Full Mouth Reconstruction Referral

www.cdental.com | info@cdental.com

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

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.

Included: CBCT Boost 15x15, 12x8 hires scan <i>if needed</i> , 3D Photos, 3D Intraoral Scan (IOS)	
Preferred Type of Case: <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>FULLY EDENTULOUS (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>COLLAPSED BITE (Dual Itero scans) - 1.5 hour appointment Send patients with waxed rim or a partial. This type of appointment will require more time to take an intraoral scan with & 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>  
MOBILE TEETH <input type="checkbox"/> Patient's teeth will be splinted <input type="checkbox"/> Diagnostic Report _____	

Doctor Signature _____ **Date** _____

☐ **SAN DIEGO**

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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

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.