DENTAL IMAGING REFERRAL

www.cdental.com | info@cdental.com

SAN DIEGO - Mission Valley 619-296-6132

LA MESA - Grossmont Medical Terrace
619-461-3910

SUBMIT REFERRALS TO referral@cdental.com

RADIOGRAPHIC & PHOTOGRAPHIC PRECISION
McCormack Dental Imaging

PATIENT INFORMATION

PATIENT _____ **DOB** _____

PHONE # _____ **PATIENT EMAIL** _____ **PARENT/GUARDIAN** _____

REFERRING DOCTOR _____ **REFERRAL DATE** _____

DOCTOR EMAIL *Cases will be sent to this email* _____

SEND DIGITAL COPY TO COLLABORATING DOCTOR(S) or LAB

PAYMENT RESPONSIBILITY

◯ **Patient** ◯ **Bill Doctor**

CASE DELIVERY OPTIONS: ◯ **Disc** ◯ **Email** ◯ **DICOM Only** ◯ **DICOM + Viewer** ◯ **JPEGs, DICOM + Viewer** ◯ **Paper Prints***

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

3D CBCT IMAGING

STEP 1 | CHOOSE SCAN DIMENSION

◯ MAXILLA ◯ BOTH ARCHES ◯ ONE QUADRANT *(1-3 adjacent teeth)*
◯ MANDIBLE ◯ BOTH ARCHES, TMJ & AIRWAY

AREA(S) OF INTEREST: Tooth # _____

STEP 2 | CHOOSE SURVEY

◯ ENDODONTIC
◯ IMPLANT ◯ Post-Op (w/in 6 months - same AOI)
◯ IMPACTIONS/3rd MOLARS
◯ PATHOLOGY
◯ CBCT FMX & PANOGRAPH
◯ SLEEP APNEA (OSAS) ◯ Add Sinus
◯ TMJ: ◯ Open ◯ Closed ◯ + Appliance ◯ Add 3D Movie
◯ ORTHOGNATHIC ◯ Add 3D Movie ◯ Add Digital Surgical Cuts + IOS

3D ORTHODONTIC

◯ **BASIC 3D ORTHODONTIC**
FMX, Panograph, Lateral Ceph, Tracing, Photography
◯ Add IOS

◯ **STANDARD 3D ORTHODONTIC**
3D Basic Ortho + TMJ, Airway, Occlusals, Tooth Cross-Sections
◯ Add 3D Movie ◯ Add IOS

2D ORTHODONTIC

◯ **2D LIMITED SURVEY**
Panograph, Lateral Cephalometric, Tracing, Photography
◯ Add IOS

◯ **2D FULL SURVEY**
FMX, Panograph, Lateral Ceph, Tracing, Photography
◯ Add IOS

3D INTRAORAL SCANS (IOS)

◯ 3D INTRAORAL SCAN (STL Files) ◯ PRINTED MODELS
◯ Invisalign ◯ ClearCorrect ◯ Vivera ◯ ABO BASE
◯ REFINEMENT SCAN ◯ HARD MODEL SCAN

GUIDED SURGERY

◯ **IMPLANT | Guided Surgery** ◯ **Doctor Providing IOS** *Upload Form On Our Website*

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.
◯ **Dual Scan** | Radiographic Guide or Marked Denture
◯ **Full Mouth Reconstruction**
◯ IOS with & w/o partial to est. vertical ◯ Wax rim to est. vertical

2D DIGITAL X-RAYS

◯ FULL MOUTH X-RAY ◯ 27 ◯ 20
◯ 8 ANT + 4 BW ◯ PARALLELING SURVEY
◯ BITEWINGS ◯ 2 ◯ 4 ◯ 6 ◯ Horizontal ◯ Vertical
◯ 8 ANTERIORS ◯ 4 ANTERIORS
◯ SINGLE AREA(S) Tooth # _____
◯ OCCLUSAL ◯ Maxilla ◯ Mandible ◯ Both ◯ HAND/WRIST
◯ PANOGRAPH ◯ PHOTOGRAPHY
◯ CEPHALOMETRIC ◯ Lateral ◯ PA ◯ AP
◯ ADD TRACING *(Steiner Tweed Witts)* ◯ Other _____

RADIOLOGY REPORTS

◯ PATHOLOGY REPORT
Does not apply to TMJ or Both Arch CBCT
◯ 2D X-RAY REPORT
◯ ANALYTICAL REPORT

SPECIAL INSTRUCTIONS

◯ **24hr RUSH CASE** - Addtl Fee Applies

DOCTOR SIGNATURE
CA State Law requires a signature from the referring physician.

FEES ARE PAYABLE AT THE TIME SERVICES ARE RENDERED; UNLESS BILL DOCTOR IS MARKED ABOVE. 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.

MCCORMACK DENTAL IMAGING LOCATIONS

SAN DIEGO - Mission Valley
1550 Hotel Cir N, #340
San Diego, CA 92108
P 619-296-6132

LA MESA
Grossmont Medical Terrace
8860 Center Dr, #340
La Mesa, CA 91942
P 619-461-3910

MAIN FAX FOR ALL LOCATIONS
415-421-0146

MAIN EMAIL TO SUBMIT REFERRALS FOR ALL LOCATIONS
referral@cdental.com

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. Upon request, C-Dental/MDI will fill out an insurance claim with the correct procedure codes for the patient. 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 submit the claim and follow-up with their insurance company.

C-Dental X-Ray does not guarantee that insurance carriers will reimburse imaging costs. Patients are encouraged to check with their insurance provider regarding coverage and eligibility before their appointment.

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.

**Additional fee applies for printed cases*

C-DENTAL X-RAY

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info@cdental.com