



www.cdental.com | info@cdental.com

# DENTAL IMAGING REFERRAL

**SAN FRANCISCO**  
450 Sutter St, #1542  
P 415-421-1389

**SF - WEST PORTAL**  
362 West Portal Ave  
P 415-753-8701

**MOUNTAIN VIEW**  
505 South Dr, #7  
P 650-965-1320

**MENLO PARK**  
695 Oak Grove Ave #330  
P 650-323-0204

**SAN RAFAEL**  
1050 Northgate Dr, #445  
P 415-472-1323

**SAN MATEO**  
424 N San Mateo Dr, #100  
P 650-685-8097

**PLEASANTON**  
5776 Stoneridge Mall Rd, #180  
P 925-846-9291

**WALNUT CREEK**  
1900 Olympic Blvd, #201  
P 925-935-0500

**OAKLAND**  
170 Santa Clara Ave, #101  
P 510-368-7256

**SAN JOSE**  
5150 Graves Ave, #10A  
P 408-446-9729

*Please call to schedule your appointment.  
Please email referrals to [referrals@cdental.com](mailto:referrals@cdental.com).*

## 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

Mailed Disc

BOTH

Viewer w/DICOM

DICOM Only

Standard Patient Survey

*JPEG Images, DICOM & Viewer*

Paper Prints

*(Addtl Fee Applies)*

### OPTIONS:

Email (Box.com)

## 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

LARGE SCAN *(Includes cranium)*

### MANDIBLE

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)

CLEAR CORRECT  Refinement

STL FILES *(For lab use)*  iRECORD *Standard digital models*

*Please upload STL files to [www.cdental.com](http://www.cdental.com)*

## 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.*

**FEEES 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.**

## C-DENTAL X-RAY LOCATIONS

### SAN FRANCISCO

450 Sutter St, #1542  
San Francisco, CA 94108  
415-421-1389  
415-421-0146 Fax

### MENLO PARK

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

### PLEASANTON

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

### SF - WEST PORTAL

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

### MOUNTAIN VIEW

505 South Dr, #7  
Mountain View, CA 94040  
650-965-1320  
650-428-0505 Fax

### OAKLAND

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

### SAN RAFAEL

1050 Northgate Dr, #445  
San Rafael, CA 94903  
415-472-1323  
415-472-1364 Fax

### SAN JOSE

5150 Graves Ave, #10A  
San Jose, CA 95129  
408-446-9729  
408-446-9799 Fax

### WALNUT CREEK

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

### SAN MATEO

424 N San Mateo Dr, #100  
San Mateo, CA 94401  
650-685-8097  
650-685-8099 Fax

## 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. 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](mailto:referral@cdental.com)