



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 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**  **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)