

## Dental Imaging Referral

www.cdental.com | info@cdental.com

**SAN DIEGO - MISSION VALLEY**  
1550 Hotel Cir N, #340  
San Diego, CA 92108  
(619) 296-6132

**LA MESA**  
8860 Center Drive, #340  
La Mesa, CA 91942  
(619) 461-3910

**ENCINITAS**  
317 N. El Camino Real, #301  
Encinitas, CA 92024  
(760) 942-2133

**ESCONDIDO**  
919 East Grand Avenue  
Escondido, CA 92025  
(760) 747-1971

**SAN DIEGO COUNTY  
MOBILE IMAGING VAN**  
(760) 747-1971

<b>Patient</b>	<b>DOB</b>	<b>CASE DELIVERY</b> ( <i>paperless by default</i> )
<b>Patient Email</b>	<b>Referral Date</b>	<b>Paperless Options:</b> <input type="checkbox"/> Box.com (email) <input type="checkbox"/> CD
<b>Patient Phone</b>	<b>Next Appt</b>	<input type="checkbox"/> OD3D Viewer <input type="checkbox"/> DICOM Only <input type="checkbox"/> 24hr Rush + \$50
<b>Collaborating Doctor Email</b>		<b>Hard Copy Prints:</b> <input type="checkbox"/> Paper ( <i>addtl fee applies to paying party</i> )

Indicate Areas 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

2D DIGITAL IMAGING			
<input type="checkbox"/> <b>Panograph</b> <input type="checkbox"/> <b>Full Mouth X-Ray</b> <input type="checkbox"/> 20 Films <input type="checkbox"/> 27 Films <input type="checkbox"/> VBWS <input type="checkbox"/> HBWS <input type="checkbox"/> Grids <input type="checkbox"/> <b>Paralleling Survey</b> <input type="checkbox"/> <b>Single Area(s)</b> ( <i>indicate tooth #s</i> ) <input type="checkbox"/> <b>Hand/Wrist Film</b>	<input type="checkbox"/> <b>Bitewings Survey</b> <input type="checkbox"/> Horizontal Films: <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> Vertical Films: <input type="checkbox"/> 6 <input type="checkbox"/> 4 <input type="checkbox"/> Grids <input type="checkbox"/> All Around <input type="checkbox"/> <b>Occlusals</b> <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Topographical <input type="checkbox"/> <b>Photography</b>	<input type="checkbox"/> <b>Cephalometric</b> <input type="checkbox"/> Lateral <input type="checkbox"/> PA <input type="checkbox"/> AP <input type="checkbox"/> <b>Cephalometric Tracing</b> <input type="checkbox"/> Steiner ( <i>default</i> ) <input type="checkbox"/> Other _____	<input type="checkbox"/> Beg <input type="checkbox"/> Progress <input type="checkbox"/> Final <input type="checkbox"/> <b>Full 2D Orthodontic Survey</b> <i>FMX, Pan, Ceph, Tracing, Photos</i> <input type="checkbox"/> <b>Limited 2D Ortho Survey</b> <i>Pan, Ceph, Tracing, Photos</i> <input type="checkbox"/> <b>Custom Orthodontic Survey</b>

3D INTRAORAL IMAGING			
<input type="checkbox"/> <b>Invisalign</b> <input type="checkbox"/> <b>Invisalign Refinement</b> <i>*Dr must remove arch wire for Vivera Retainer scan</i>	<input type="checkbox"/> <b>Clear Correct</b> <input type="checkbox"/> <b>Vivera Retainer</b>	<input type="checkbox"/> <b>iRecord</b> ( <i>standard digital model</i> ) <input type="checkbox"/> <b>iCast</b> ( <i>Ortho base digital model</i> )	<input type="checkbox"/> <b>STL File Delivery</b> <input type="checkbox"/> By email <input type="checkbox"/> To laboratory Lab Email _____

3D CBCT IMAGING			
<b>CHOOSE SCAN DIMENSION</b> <input type="checkbox"/> <b>FOCUS</b> <i>(1-3 adjacent teeth - not for guided surgery)</i> <input type="checkbox"/> <b>SMALL</b> <input type="checkbox"/> Mandible <input type="checkbox"/> Maxilla <input type="checkbox"/> Both Arches <input type="checkbox"/> <b>LARGE</b> ( <i>15x15 cm</i> )	<b>CHOOSE SURVEY</b> <input type="checkbox"/> <b>Endodontic</b> <input type="checkbox"/> <b>General Dental Evaluation</b> <input type="checkbox"/> <b>Sinus</b> <input type="checkbox"/> <b>Facial Pain</b> <input type="checkbox"/> <b>Impactions</b> ( <i>indicate tooth #s</i> ) <input type="checkbox"/> <b>Implant</b>	<input type="checkbox"/> <b>CBCT FMX</b> <input type="checkbox"/> <b>CBCT Panograph &amp; BWs</b> <input type="checkbox"/> <b>TMJ</b> <input type="checkbox"/> Open/Closed <input type="checkbox"/> Closed <input type="checkbox"/> w/Appliance <input type="checkbox"/> <b>Sleep Apnea (OSAS)</b> <input type="checkbox"/> w/Appliance <input type="checkbox"/> Supine Scan (@ Encinitas office only) <input type="checkbox"/> <b>Impactions</b> ( <i>indicate tooth #s</i> )	<input type="checkbox"/> <b>3D Orthodontic</b> <input type="checkbox"/> Beg <input type="checkbox"/> Progress <input type="checkbox"/> Final <input type="checkbox"/> Add 3D Intraoral Models <input type="checkbox"/> <b>3D Orthognathic</b> <input type="checkbox"/> Basic <input type="checkbox"/> Advanced* <i>*Includes intraoral scan &amp; surgical plan</i> <input type="checkbox"/> <b>Post-Op Scan</b> <i>*Within 4 mo of initial scan, same AOI</i>
<input type="checkbox"/> <b>Full Mouth Reconstruction</b> ( <i>Large &amp; small CBCT, intraoral scan &amp; 3D photos</i> ) <input type="checkbox"/> Intraoral scan with & w/o partial to establish vertical <input type="checkbox"/> Wax rim to establish vertical			

GUIDED SURGERY		
<b>1. Indicate Planning Option</b> <input type="checkbox"/> No Guide - Software Conversion Only <input type="checkbox"/> Guided Surgery <b>2. Indicate Planning Program</b> <input type="checkbox"/> In2Guide <input type="checkbox"/> Implant	<b>3. In2Guide ONLY - Choose Virtual Design Option</b> ( <i>select one</i> ) <input type="checkbox"/> <b>No Wax-Up</b> - 3D Intraoral Scan & Merge to CBCT <input type="checkbox"/> <b>No Wax-Up</b> - Immediate Extraction <input type="checkbox"/> <b>No Wax-Up</b> - 3D Intraoral Scan with & w/o Partial/Temporary <input type="checkbox"/> <b>Virtual Wax-Up</b> - CBCT & 3D Intraoral Scan ( <i>indicate tooth #s</i> ) <input type="checkbox"/> <b>Dual Scan</b> - Radiographic Guide or Marked Denture	<b>4. Virtual Wax-Up Tooth #s</b> _____ <input type="checkbox"/> <b>Authorize virtual wax-up order</b> Checking this box authorizes C-Dental to order virtual design services from OnDemand3D. These services are rendered and billed by Ondemand3D (Irvine, CA). <i>*Addtl fees apply for surgical guides</i>

<b>CBCT Radiology Reports:</b> <input type="checkbox"/> NDI Basic Report ( <i>does not apply to TMJ or both arch CBCT</i> ) <input type="checkbox"/> NDI Analytical Report <input type="checkbox"/> BeamReaders <input type="checkbox"/> UCLA	<b>Doctor Signature:</b>   <i>CA State Law requires a signature from the referring physician.</i>
<b>SPECIAL INSTRUCTIONS</b>  <input type="checkbox"/> <b>Bill Doctor</b> <input type="checkbox"/> <b>Patient Pays</b> <input type="checkbox"/> Need 3D Software Assistance	

## McCormack Dental Imaging Locations

### SAN DIEGO - MISSION VALLEY

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

### LA MESA

8860 Center Drive, #340  
La Mesa, CA 91942  
619-461-3910  
619-461-0754 Fax

### ENCINITAS

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

### ESCONDIDO

919 East Grand Avenue  
Escondido, CA 92025  
760-747-1971  
760-747-3286 Fax

### MOBILE

760-747-1971

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## 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, FedEx 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

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. Referral is required at the time of the appointment. Please remove jewelry prior to your appointment.*