



www.cdental.com | info@cdental.com

Please send referrals to referral@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

MAIN FAX FOR ALL LOCATIONS
415-421-0146

OAKLAND
170 Santa Clara Ave, #101
P 510-368-7236

CAMPBELL
281 E. Hamilton Ave, #9
P 408-446-9729

SUBMIT REFERRALS TO
referral@cdental.com

PATIENT INFORMATION

PAYMENT RESPONSIBILITY

PATIENT

DOB

Patient

Bill Doctor

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

CASE DELIVERY

Mailed Disc

OPTIONS:

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

MANDIBLE

LARGE SCAN (Includes cranium)

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

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

Immediate Extraction - Existing Crown

IOS with & w/o Partial/Temporary

NO Wax-Up | IOS + Merge to CBCT

Dual Scan | Radiographic Guide or Marked Denture

Full Mouth Reconstruction

IOS with & w/o partial to est. vertical Wax rim to est. vertical

3D INTRAORAL SCAN (IOS) & 3D PRINTED MODELS

INVISALIGN

Refinement

STL FILES (For lab use)

Doctor Providing IOS (Guided Surgery)

CLEAR CORRECT

Refinement

iCAST Ortho base models

Please upload STL files to www.cdental.com

VIVERA RETAINER

iRECORD Standard digital models

Standard Definition Printed Model

High Definition Printed Model

Steriolithic Bone Printed Model

Add Digital Base to Models

SPECIAL INSTRUCTIONS

24hr RUSH CASE - Addtl Fee Applies

RADIOLOGY

BeamReaders

Capture3D Radiology

NDI Basic Report

Does not apply to TMJ or Both Arch CBCT

REPORTS

UCLA

NDI Analytical Report

DOCTOR SIGNATURE

CA State Law requires a signature from the referring physician.

C-DENTAL X-RAY LOCATIONS

SAN FRANCISCO

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

MENLO PARK

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

PLEASANTON

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

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San Francisco, CA 94127
415-753-8701

MOUNTAIN VIEW

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Mountain View, CA 94040
650-965-1320

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Oakland CA, 94610
510-368-7236

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San Rafael, CA 94903
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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, 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.

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