



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

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

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

☐ CLEAR CORRECT ☐ Refinement

☐ VIVERA RETAINER

☐ STL FILES *(For lab use)*

☐ iCAST *Ortho base models*

☐ iRECORD *Standard digital models*

☐ Doctor Providing IOS *(Guided Surgery)*

Please upload STL files to
www.cdental.com

☐ 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

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Pleasanton, CA 94588
925-846-9291

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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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