

DENTAL IMAGING REFERRAL

www.cdental.com | info@cdental.com

SAN DIEGO - Mission Valley 619-296-6132

LA MESA - Grossmont Medical Terrace
619-461-3910

SUBMIT REFERRALS TO referral@cdental.com



PATIENT INFORMATION

PATIENT

DOB

PAYMENT RESPONSIBILITY

☐ 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 OPTIONS: ☐ Disc ☐ Email ☐ DICOM Only ☐ DICOM + Viewer ☐ JPEGs, DICOM + Viewer ☐ Paper Prints*

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

3D CBCT IMAGING

STEP 1 | CHOOSE SCAN DIMENSION

☐ MAXILLA ☐ BOTH ARCHES ☐ ONE QUADRANT
(1-3 adjacent teeth)

☐ MANDIBLE ☐ BOTH ARCHES, TMJ & AIRWAY

AREA(S) OF INTEREST: Tooth # _____

STEP 2 | CHOOSE SURVEY

☐ ENDODONTIC

☐ IMPLANT ☐ Post-Op (w/in 6 months - same AOI)

☐ IMPACTIONS/3rd MOLARS

☐ PATHOLOGY

☐ CBCT FMX & PANOGRAPH

☐ SLEEP APNEA (OSAS) ☐ Add Sinus

☐ TMJ: ☐ Open ☐ Closed ☐ + Appliance ☐ Add 3D Movie

☐ ORTHOGNATHIC ☐ Add 3D Movie ☐ Add Digital Surgical Cuts + IOS

GUIDED SURGERY

☐ IMPLANT | Guided Surgery ☐ Doctor Providing IOS
Upload Form On Our Website

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.

☐ Dual Scan | Radiographic Guide or Marked Denture

☐ Full Mouth Reconstruction

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

3D ORTHODONTIC

☐ BASIC 3D ORTHODONTIC
FMX, Panograph, Lateral Ceph,
Tracing, Photography

☐ STANDARD 3D ORTHODONTIC
3D Basic Ortho + TMJ, Airway, Occlusals,
Tooth Cross-Sections

☐ Add IOS ☐ Add 3D Movie ☐ Add IOS

2D ORTHODONTIC

☐ 2D LIMITED SURVEY
Panograph, Lateral Cephalometric,
Tracing, Photography

☐ 2D FULL SURVEY
FMX, Panograph, Lateral Ceph, Tracing,
Photography

☐ Add IOS ☐ Add IOS

3D INTRAORAL SCANS (IOS)

PRINTED MODELS

☐ 3D INTRAORAL SCAN (STL Files)

☐ Invisalign ☐ ClearCorrect ☐ Vivera

☐ REFINEMENT SCAN ☐ HARD MODEL SCAN

☐ Standard Definition

☐ High Definition

☐ Steliolithic Bone Model

SPECIAL INSTRUCTIONS

☐ 24hr RUSH CASE - Addtl Fee Applies

DOCTOR SIGNATURE

CA State Law requires a signature from the referring physician.

FEES 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.

MCCORMACK DENTAL IMAGING LOCATIONS

SAN DIEGO - Mission Valley

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

MAIN FAX FOR ALL LOCATIONS

415-421-0146

LA MESA

Grossmont Medical Terrace

8860 Center Dr, #340
La Mesa, CA 91942
P 619-461-3910

MAIN EMAIL TO SUBMIT REFERRALS FOR ALL LOCATIONS

referral@cdental.com

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.

C-Dental X-Ray does not guarantee that insurance carriers will reimburse imaging costs. Patients are encouraged to check with their insurance provider regarding coverage and eligibility before their appointment.

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.

**Additional fee applies for printed cases*



www.cdental.com
info@cdental.com