

Full Mouth Reconstruction Referral

www.cdental.com | info@cdental.com

Patient Name	
Patient Phone	
DOB:	Next Appointment:
Special Instructions	
Payment Method: Patient Pays Bill Doctor 	
Area(s) of Interest	

The type of full mouth reconstruction will be determined after reviewing the patient's x-rays and images. Virtual prosthesis is fabricated after reviewing the patient's CBCT.

Included: CBCT Boost 15x15, 12x8 hires scan if needed, 3D Photos, 3D Intraoral Scan (IOS)			
Preferred Type of Case: Fixed Crown & Bridge Fixed Hybrid Locators			
□ Please contact me to schedule a planning meeting between C-Dental, dental lab and collaborating doctors.			
SPECIAL SCENARIOS			
FULLY EDENTULOUS (Dual CBCT scan) Send patient with hard-lined well-fitting denture and bite support Patient will bring a hard-lined well-fitting denture and a PVS bite support	 COLLAPSED BITE (Dual Itero scans) - 1.5 hour appointment Send patients with waxed rim or a partial. This type of appointment will require more time to take an intraoral scan with & without the partial. Itero cases require at least 3 natural (non mobile) teeth Patient has a collapsed bite and will bring well fitting partials that establish the correct vertical on the Intra oral scan and Large CBCT. A dual Itero scan will be needed with a \$50 Cybermed merge. A high res CBCT without partials will also be taken for surgical planning. Patient has a collapsed bite and will bring a wax rim to establish the correct vertical on the intra oral scan and Large CBCT scan. 		
MOBILE TEETH Patient's teeth will be splinted	□ Diagnostic Report		

Doctor Signature _____ Date _____

□ SAN FRANCISCO 450 Sutter Street, #1542 San Francisco, CA 94108 P (415) 421-1389 F(415)421-0146

SF - WEST PORTAL
 362 West Portal Ave.
 San Francisco, CA 94127
 P (415) 753-8701 F(415)753-8703

PLEASANTON

1475 Cedarwood Ln. #D Pleasanton, CA 94566 P (925) 846-9291 F (925)846-9260

 □ NORTH & EAST BAY MOBILE (925) 935-0500
 □ S. BAY & PENINSULA MOBILE (408) 446-9729

SAN MATEO 424 N. San Mateo Dr. #100 San Mateo, CA 94401 P (650) 685-8097 F (650)685-8099

□ MENLO PARK 695 Oak Grove Ave. # 330 Menlo Park, CA 94025

P (650) 323-0204 F (650)329-0265

1900 Olympic Blvd # 201 Walnut Creek, CA 94596 P (925) 935-0500 F (925)935-0533

SAN RAFAEL

1050 Northgate Drive, #445 San Rafael, CA 94903 P (415) 472-1323 F (415) 472-1364

□ MOUNTAIN VIEW

505 South Dr. #7 Mountain View, CA 94040 P (650) 965-1320 F (650) 428-0505

SAN JOSE
 5150 Graves Ave., Suite 10A
 San Jose, CA 95129
 P (408) 446-9729 F(408)446-9799

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, or Discover), Check, or 6 month CareCredit financing.

DENTAL INSURANCE

C-Dental is not in-network with Dental insurance carriers, however, C-Dental may assist patients with the filing of insurance claims as a courtesy. C-Dental will fill out an insurance claim with the correct procedure codes and provide postage. 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 can file 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 provides imaging for include but are not limited to Restricted Airway, TMJ, and Oral Surgery.