



McCormack Dental Imaging

www.cdental.com | info@cdental.com

DENTAL IMAGING REFERRAL

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

ESCONDIDO
919 East Grand Ave
Escondido, CA 92025
P 760-747-1971

LA MESA
Grossmont Medical Terrace
8860 Center Dr, #340
La Mesa, CA 919142
P 619-461-3910

Please call to schedule your appointment. Please email 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 Mailed Disc BOTH Viewer w/DICOM DICOM Only Standard Patient Survey Paper Prints
OPTIONS: Email (Box.com)

2D DIGITAL X-RAYS

FULL MOUTH X-RAY 20 Films 27 Films VBWS HBWS Grids
PARALLELING SURVEY SINGLE AREA(S) HAND/WRIST (Bone Age)
CEPHALOMETRIC Lateral PA AP
CEPHALOMETRIC TRACING Steiner Tweed Witts Other
BITEWINGS SURVEY Horizontal Films: 4 2 Vertical Films: 6 4 Grids All-Around
OCCLUSALS Mandible Maxilla Topographical
PANOGRAPH 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 MAXILLA LARGE SCAN (Includes cranium) MANDIBLE 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

GUIDED SURGERY IMPLANT | Guided Surgery 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
Dual Scan | Radiographic Guide or Marked Denture Full Mouth Reconstruction IOS with & w/o partial to Wax rim to est. vertical est. vertical

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

3D INTRAORAL SCAN (IOS)

INVISALIGN Refinement VIVERA RETAINER iCAST Ortho base models Doctor Providing IOS (Guided Surgery) Please upload STL files to www.cdental.com
CLEAR CORRECT Refinement STL FILES (For lab use) iRECORD Standard digital models

SPECIAL INSTRUCTIONS 24hr RUSH CASE - Addtl Fee Applies

CBCT RADIOLOGY REPORTS BeamReaders Capture3D Radiology NDI Basic Report UCL NDI Analytical Report 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
F 619-296-2346

ESCONDIDO

919 East Grand Ave
Escondido, CA 92025
P 760-747-1971
F 760-747-3286

LA MESA

Grossmont Medical Terrace

8860 Center Dr, #340
La Mesa, CA 919142
P 619-461-3910
F 619-461-0754

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.

Referrals may be sent to referral@cdental.com