



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 #350
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

OAKLAND
170 Santa Clara Ave, #101
P 510-368-7256

SAN JOSE
5150 Graves Ave, #10A
P 408-446-9729

**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

JPEG Images, DICOM & Viewer

Paper Prints

(Addtl Fee Applies)

OPTIONS:

Email (Box.com)

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

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

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

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. *Addtl fees apply for surgical guides & waxups*

Dual Scan | Radiographic Guide or Marked Denture

Full Mouth Reconstruction

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

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

INVISALIGN

Refinement

STL FILES *(For lab use)*

Doctor Providing IOS *(Guided Surgery)*

Standard Definition Printed Model

CLEAR CORRECT

Refinement

iCAST *Ortho base models*

*Please upload STL files to
www.cdental.com*

High Definition Printed Model

VIVERA RETAINER

iRECORD *Standard digital models*

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
415-421-0146 Fax

MENLO PARK

695 Oak Grove Ave #330
Menlo Park, CA 94025
650-323-0204
650-329-0265 Fax

PLEASANTON

5776 Stoneridge Mall Rd, #180
Pleasanton, CA 94588
925-846-9291
925-846-9260 Fax

SF - WEST PORTAL

362 West Portal Ave
San Francisco, CA 94127
415-753-8701
415-753-8703 Fax

MOUNTAIN VIEW

505 South Dr, #7
Mountain View, CA 94040
650-965-1320
650-428-0505 Fax

OAKLAND

170 Santa Clara Ave, #101
Oakland CA, 94610
510-368-7236
510-280-8440 Fax

SAN RAFAEL

1050 Northgate Dr, #445
San Rafael, CA 94903
415-472-1323
415-472-1364 Fax

SAN JOSE

5150 Graves Ave, #10A
San Jose, CA 95129
408-446-9729
408-446-9799 Fax

WALNUT CREEK

1900 Olympic Blvd, #201
Walnut Creek, CA 94596
925-935-0500
925-935-0533 Fax

SAN MATEO

424 N San Mateo Dr, #100
San Mateo, CA 94401
650-685-8097
650-685-8099 Fax

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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