

*** ALL FEES ARE EXCLUSIVE OF LAB FEE AND MATERIALS QUOTE WILL BE PROVIDED**

| Treatment Item | Unit Price | | |
|-------------------------------------------------------------------------|------------|-------|--------------|
| PAEDIATRIC DENTISTRY | | | |
| Fissure Sealant | \$ | | 250 |
| Fluoride Gel/Fluoride Varnish/Sliver Diamine Fluoride (per application) | \$ | | 200 |
| Simple Scaling | \$ | | 500 |
| Pulpotomy / Pulpectomy (per visit) | \$ | | 1,000 |
| Caries Stabilization | \$ | | 350 |
| Preventive Resin Restoration | \$ | | 350 |
| Composite / Amalgam / Glass Ionomer Restoration | \$ | | 500 |
| Extraction of Tooth | \$ | 350 | to \$ 800 |
| Minor Oral Surgery | \$ | | 3,500 |
| ORTHODONTICS | | | |
| Orthodontics Treatment Planning | \$ | | 1,500 |
| Invisalign Treatment | \$23,500 | to | \$30,000 |
| Fixed Appliance | \$18,500 | to | \$41,500 |
| Lingual / Labial Appliances | \$35,000 | to | \$55,000 |
| ENDODONTICS | | | |
| Root Canal Therapy / Retreatment | \$ | 4,000 | to \$ 5,000 |
| Restoration / Glass Ionomer Restoration | \$ | | 800 |
| Emergency Endodontics Treatment | \$ | | 2,000 |
| PERIODONTICS | | | |
| Simple Scaling | \$ | | 500 |
| Periodontics Treatment Planning (Non-refundable) | \$ | | 3,000 |
| Oral Hygiene Instruction | \$ | | 500 |
| Scaling, Root Surface Debridement - Cat 1 to Cat 3 | \$ | 3,000 | to \$ 12,000 |
| Scaling, Root Surface Debridement - Cat 4 | | | By Quotation |
| Standard periodontal surgery | \$ | 3,000 | to \$ 8,000 |
| Management of peri-implantitis | \$ | 3,000 | to \$ 7,000 |
| IMPLANT | | | |
| Implant Treatment Planning (Non-refundable) | \$ | | 2,000 |
| Implant Prosthesis (per implant) (GBR material at extra cost) | \$ | | 20,000 |
| Complex Implant surgery | | | By Quotation |
| PROSTHODONTICS | | | |
| Prosthodontics Treatment Planning (Non-refundable) | \$ | | 2,000 |
| Restoration | \$ | | 800 |
| Crown/Bridge/Onlay/Inlay/Veneer (per unit) | \$ | 3,500 | to \$ 5,000 |
| Denture (per arch) | \$ | 3,000 | to \$ 5,000 |
| Repair / Reline / Rebase Denture (per arch) | \$ | 1,200 | to \$ 1,500 |
| TMJ Splint / Occlusal Splint / Maxillofacial prosthesis | \$ | | 3,000 |
| ORAL & MAXILLOFACIAL SURGERY | | | |
| Simple Extraction | \$ | | 800 |
| Surgical removal of impacted tooth | \$ | | 3,500 |
| Bone Grafting (material additional at cost) | \$ | 3,000 | to \$10,000 |
| Management and Administration Fee for In-patient Treatment | | | |
| Minor Category | \$ | | 15,000 |
| Intermediate Category | \$ | | 35,000 |
| Major Category | \$ | | 70,000 |
| RADIOLOGIC SERVICES | | | |
| Panoramic radiograph | \$ | | 500 |
| Periapical or bite-wing radiograph (1 to 4) per visit | \$ | | 250 |
| Cone Beam CT | \$ | | 1,500 |