



PRIVATE FEE LIST

st updated: July 2023		Denplan	
		Essentials	Care
Exam & Diagnosis			
New Patient Examination	65	65	65
Routine Examination	45	-	-
Child Examination (0 - 8 years old) / (9 - 18 years old)	10 to 20	-	-
Small Radiograph (Bitewing or Periapical)	12	-	-
Emergency Assessment / Emergency New Patient	40 / 60	35 / 60	-/60
Prescription Only	10	-	_
Preventive Treatment	40		
Basic Scale (with Dentist on exam day)	40	-	-
Standard Hygienist Visit 30 minutes	69	-	-
Advanced Hygienist Visit 45 minutes	94	-	-
Complex Hygienist Visit 60 minutes	118	49	-
Fluoride Application	50	40	-
Fissure Sealant (per tooth)	10	-	-
Desensitize/Duraphat Application (per session)	35	30	-
Cosmetic (not covered by Denplan Care)			
Whitening - Home + In-office (Enlighten) (full dentition)	450	400	400
Internal Whitening (per tooth)	150	150	150
Cosmetic Bonding (per tooth)	250 to 350	250 to 350	250 to 350
Enamel Contouring (per tooth)	100 to 120	100 to 120	100 to 120
Direct Posterothy Treetment (Filings) (december 12)	,		
Direct Restorative Treatment (Filings) (depending on size)	75 to 120	65 to 105	
Amalgam Filing (silver - mercury)	85 to 190	75 to 170	-
Composite Filing (white - resin) Glass Ionomer Filing	45 to 85	40 to 75	-
Glass foliotier Filling	45 (0 85	40 10 75	-
Root Canal Therapy (depending on no. of canals and predicted dif	ficulty)		
Incisor & Canine	250 to 290	200 to 225	-
Pre-Molar	290 to 340	225 to 250	-
Molar	360 to 420	315	-
Infection Drainage & Hypocal Application	95 to 130	85 to 105	-
Pulp Extirpation	95	75	-
Crowns & Inlays/Onlays			
Porcelain Fused to precious Metal (PFM)	480	410	90
E.max	620	530	220
Zirconia	620	530	220
Gold (High Noble 40%)	800	680	380
Posts / Core			
Pre-Fabricated Metal	60	50	30
Cast Metal	100 to 150	85 to 125	45
Fiber	95 to 150	80 to 125	80 to 125
Core build up	60 to 90	55 to 70	-
Bridges (per unit)			
Porcelain Fused to precious Metal	450	380	90
E.max	590	500	220
Zirconia	590	500	220





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Maryland Wing (per unit)	95	80	40
Full FiberBond Bridge (3 units)	580	500	500
additional unit	100	90	90

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E.max ceramic (not covered by Denplan Care if cosmetic)	620	530	530
eriodontal Therapy	,		
Perio Charting	45	35	-
Non-Surgical Gum Disease treatment (Root Planning) 30min	135	115	-
45min	165	140	-
60min	195	165	-
Fiberbond Splint (per tooth)	60	50	50
xtraction/Surgical			
Simple	75 to 95	65 to 80	
Surgical	120 to 180	110 to 160	_
Wisdom Tooth	220	185	185
Gingivectomy	55 to 85	45 to 70	-
Deciduous ('milk') tooth	35	30	-
Treatment of Infected Socket	40	30	_
Dentures			
Acrylic			
Partial of Full	450 to 550	380 to 465	200
Full Upper & Lower	880	750	400
Clear Palate	60	45	45
Cobalt-Chrome Frame			
Partial	750 to 900	635 to 765	450
Flexible	600 to 700	510 to 595	350
Flexible + Cobalt-Chrome Frame			
Partial	850 to 950	720 to 805	450
Zirlux Frame + Flexible	950 to 1100	805 to 935	500
Vitalium Frame + Flexible	950 to 1100	805 to 935	500
Penture Repairs/Adjustments			
Denture Ease	25	20	-
Reline - Soft	130	110	50
- Hard	90	75	35
Fracture	75	65	25
Tooth Addition - First	80	65	35
- After first (each)	40	35	10
Clasp Addition - First	80	65	30
- After first (each)	30	25	10





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Teeth Straightening

Price Upon Consulation

Mouthguards

POC nightguard	95	85	85
Sports - Plain / Coloured	95 / 130	85 / 120	95 / 120

Miscelanious

moodamoud				
Writting	g a Report	40	40	40
Copy of	Records	50	50	50