COMPLEX IMPLANT CASES Date: _____ Patient: _____ ( ) Option A ( ) Option B ( ) Option C

Phase	ADA CODE	PROPOSED SERVICES	Office Fee	Tooth #'s	Total Fee:	Patient Estimate
		IMPLANTS AND ABUTMENTS				
	9997	**Sterile Surgical Setup**	81.00			
	6010	**Dental Implant**-single; conventional	1,871.00			
	6020	**Dental Implant**-conventional abutment	220.00			
	6057	Dental implant **custom abutment-Atlantis Ceramic**	468.00			
	6057	Dental implant **custom abutment-Atlantis/Titanium Nitride coating**	468.00			
	6020	Dental implant **prepped stock abutment**	220.00			
	6057	Dental implant **custom cast abutment**	468.00			
	6057	**Locator** Implant Abutment	468.00			
	5862	**Precision Attachment**	641.00			
	330	Post operative panorex and/or periapical xray followup fees	100.00			
	6010	**Dental Implant**-single; mini; for overdentures	1,871.00			
	6020	**Dental Implant**-mini abutment	220.00			
	6012	**Provisional mini implants** for immediate case stabilization	fee determined			
	2980	**Crown Repair**-retrofit casting	265.00			
	6095	**Implant abutment**-repair	334.00			
	6199	Unspecified Implant Procedure	440.00			
		SEDATION; EXTRACTIONS AND ALVEOPLASTY				
	9240	**IV sedation**-one overall fee estimate for case	395.00			
	9241	**IV sedation**-first 30 min.	338.00			
	9242	**IV sedation**-each additional 30. min	173.00			
	9220	**Deep Sedation with CRNA-Minimum first Hour**	250.00			
	9220	**Deep Sedation with CRNA-Each additional Full Hour**	200.00			
	9221	**Deep Sedation with CRNA-each additional 15 min.**	50.00			
	9248	**Oral Sedation-monitoring**	106.00			
	7140	**Extraction**-Simple	146.00			
	7210	**Extraction**-Surgical	253.00			
	7220	**Extraction**-Removal of Impacted Tooth-Soft Tissue	297.00			
	7230	**Extraction**-Removal of Impacted Tooth-Partial Bony	358.00			
	7240	**Extraction**-Removal of Impacted Tooth-Complete Bony	408.00			
	7241	**Extraction**-Removal of Impacted Tooth-Complete Bony with unusual compl	512.00			
	7250	**Extraction**-Removal of Residual Tooth Roots	268.00			
	7310	**Alveoplasty**-in conjunction with extractions (1-3 teeth/ quadrant)	253.00			
	7311	**Alveoplasty**-in conjunction with extractions (full quadrant)	300.00			
	7320	**Alveoplasty**-not in conjunction with extractions (full quadrant)	356.00			
	7321	**Alveoplasty**-not in conjunction with extractions (1-3 tooth section/quadrant)	300.00			
	7470	Removal of Boney **Exostosis**-Mandible or Maxilla	564.00			
	7471	Removal of Lateral Exostosis	539.00			
	7473	Removal of Torus Mandibularis	624.00			
	7472	Removal of Torus Palatinus	634.00			
	7955	**Ridge Augmentation**	973.00			
	3450	Root Amputation-Per Root	409.00			
	7485	Surgical Reduction of Osseous Tuberosity	557.00			
	7485	Surgical Reduction of Fibrous Tuberosity	557.00			
	7350	Vestibuloplasty-Ridge Extension	1,225.00			
	6100	**Implant Removal**-Explantation	693.00			
	6199	**Implant Repair**	440.00			
		BONE AND SOFT TISSUE GRAFTING				
	7950	Autogenous Chin/Ramus Graft	1,664.00			
	4263	**Bone Replacement Graft**-First Site in Quadrant	468.00			
	4264	**Bone Replacement Graft**-Each Additional Site in Quadrant	260.00			
	7953	**Bone Replacement Graft For/Socket Ridge Preservation**-Per Site (ext, prep imp)	307.00			
	7950	Monocortical Block or Particulate Graft	1,664.00			
	7951	**Osteotome / Sinus Lift / Ridge Augmentation (minor/simple)**	2,000.00			
	7951	**Osteotome / Sinus Lift / Ridge Augmentation (major/extensive)**	2,000.00			
	7951	**Sinus Lift / Ridge Augmentation (minor/simple)**	2,000.00			
	7951	**Sinus Lift / Ridge Augmentation(major/extensive)**	2,000.00			
	7260	**Oral Antral Fistula Closure**	658.00			
	7261	**Closure of Sinus Perforation**	500.00			
	7410	**Excision of Lesion-Benign**	0.00			
		PERIODONTAL PROCEDURES				
	4355	**Full Mouth Debridement** to Enable Comprehensive Evaulation/Diagnosis	167.00			
	1110	Prophylaxis - Adult	87.00			
	4260	**Osseous Surgery**-4 or More Contiguous Teeth UR LR UL LL	1,004.00			
	4261	**Osseous Surgery**-1 to 3 Teeth, Per Quadrant UR LR UL LL	754.00			
	4273	**Connective Tissue Graft**	945.00			
	4275	**Connective Tissue Graft with Alloderm** (insurance-Soft Tissue Allograft)	945.00			
	4249	**Crown Lengthening**-hard tissue with flap	658.00			
	7970	Excision of **Hyperplastic Tissue**-Per Arch	412.00			
	7280	Exposure Orthodontic-Surgical	401.00			
	7960	**Frenectomy**	390.00			
	4240	**Gingival Flap** Procedure-4 or More Contiguous Teeth	636.00			
	4241	**Gingival Flap** Procedure-1-3 Teeth	490.00			
	4245	**Apically Repositioned** Flap Procedure	773.00			
	4210	**Gingivectomy/Gingivoplasty**-4 or More Contiguous Teeth	529.00			
	4211	**Gingivectomy/Gingivoplasty**-1-3 Teeth, Per Quadrant	228.00			
	4267	**Guided Tissue Regeneration**-Non-Resorbable Barrier, per site	874.00			
	4266	**Guided Tissue Regeneration**-Resorbable Barrier, per site	752.00			
	4274	Distal Wedge	608.00			
	4381	**Arrestin / Atridox** Placement	43.00			
		MATERIALS				
	4265	**Biologic Materials** to Aid in Soft and Osseous Tissue Regeneration	279.00			
	4266	Bio-Mend Extend	752.00			
	4265	**PRP fee**	279.00			
	4265	**Bone grafting materials (cost of materials only)**	279.00			
	4265	Membranes (cost of materials only)	279.00			
	4265	Bone tacks (cost of materials only)	279.00			
	4265	Fusion Bone Binder	279.00			
	4265	Titanium mesh (cost of materials only)	279.00			
		REMOVABLE PROSTHETICS				
	5110	**Complete Upper Denture**	2,057.00			
	5120	**Complete Lower Denture**	2,057.00			
	5130	**Upper Immediate Denture**	2,511.00			
	5140	**Lower Immediate Denture**	2,511.00			
	5850	**Upper Tissue Conditioning**	162.00			
	5851	**Lower Tissue Conditioning**	171.00			
	5750	**Reline-Upper-Lab**	405.00			
	5730	**Reline-Upper-Chairside**	322.00			
	5751	**Reline-Lower-Lab**	405.00			
	5731	**Reline-Lower-Chairside**	322.00			
	5710	**Rebase Upper Denture**	539.00			
	5711	**Rebase Lower Denture**	523.00			
	5520	**Add Tooth To Denture**	145.00			
	5213	**Upper Cast Partial Denture**	1,921.00			
	5214	**Lower Cast Partial Denture**	1,921.00			
	5211	**Upper Acrylic Partial Denture-VALPLAST**	1,120.00			
	5212	**Lower Acrylic Partial Denture-VALPLAST**	1,063.00			
	5281	**Unilateral Partial Denture-VALPLAST**	811.00			
	5650	**Add Tooth To Partial Denture**	237.00			
	6053	**Removable Denture-Implant abutment supported-edentulous arch**	2,366.00			
	6054	**Removable Partial Denture-Implant abutment supported-partially edent.**	2,004.00			

Phase	ADA CODE	PROPOSED SERVICES	Office Fee	Tooth #'s	Total Fee:	Patient Estimate
	5860	**Overdenture**-conventional with metal base	2,511.00			
	5860	**Overdenture**-conventional (acrylic only)	2,511.00			
	6053	**Overdenture-implant supported**	2,366.00			
	6054	**Overdenture-partial-implant supported**	2,004.00			
	5861	**Partial Overdenture-conventional with metal base**	2,511.00			
	5861	**Partial Overdenture-conventional (acrylic only)**	2,511.00			
	5750	In house **lab reline procedure including retrofitting attachments (upper)**	405.00			
	5751	In house **lab reline procedure including retrofitting attachments (lower)**	405.00			
	5875	**Conversion of a removal partial denture to full arch prosthesis at surgery (this includes adding denture teeth as well as relines)**	327.00			
	5850	**Tissue Conditioning-maxilla**	162.00			
	5851	**Tissue Conditioning-mandible**	171.00			
	5670	**Replace All Teeth and Acrylic on Cast Metal Framework (Upper)**	613.00			
	5671	**Replace All Teeth and Acrylic on Cast Metal Framework (Lower)**	0.00			
	5867	**Replacement of Replaceable Part of Semi-Precision or Precision Attachment**	84.00			
	5810	Complete Upper Denture **(Spare)**	777.00			
	5811	Complete Lower Denture **(Spare)**	789.00			
	5810	Complete Upper Denture **(Temporary Denture)**	777.00			
	5811	Complete Lower Denture **(Temporary Denture)**	789.00			
	5820	Upper Partial Denture **(Temporary)**	635.00			
	5821	Lower Partial Denture **(Temporary)**	636.00			
	6078	**Hybrid fixed/detachable prosthesis**-Lower arch	3,891.00			
	6078	**Hybrid fixed/detachable prosthesis**-Upper arch	3,891.00			
	6079	**Hybrid fixed/detachable prosthesis**-Lower arch-partially edentulous	3,190.00			
	6079	**Hybrid fixed/detachable prosthesis**-Upper arch-partially edentulous	3,190.00			
	6090	**Repair Implant Prothesis**	679.00			
	5860	Slant Lock Overdenture	2,511.00			
	6055	**Gold bar** without any attachments	2,338.00			
	6055	**Gold bar** with Dolder clips	2,338.00			
	6055	**Gold bar** with Locator attachments (3)	2,338.00			
	5991	**Topical Med Carrier**	200.00			
	5899	**Unspecified Removable Prosthodontic Procedure**	0.00			
		MATERIALS AND LAB				
	2799	**Lab Fabricated Provisional Crown**	68.00			
	5867	**Replace Locator Housings**	45.00			
	5867	**Replace Single Dolder Clip**	65.00			
	5867	**Replace Orings**	12.00			
	5867	Extra **housings**	45.00			
		FIXED PROSTHETICS				
	6058	**Anterior ceramic implant crown(s)**	1,089.00			
	6059	**Anterior PFM implant crown**	1,058.00			
	6059	**Posterior PFM implant crown**	1,058.00			
	6071	**Anterior PFM implant crown abutment**	957.00			
	6068	**Anterior ceramic implant abutment**	1,058.00			
	6245	**Anterior PFM implant crown pontic**	1,058.00			
	6071	**Posterior PFM posterior crown abutment**	957.00			
	6242	**Posterior PFM posterior crown pontic**	957.00			
	6062	**Gold Implant Crown**	996.00			
	6074	**Posterior SP Metal abutment**	957.00			
	2975	**Cast Gold Coping**	fee determined			
	5870	**Addition of acrylic to** opp arch prosthesis for occlusal plane correction-upper	fee determined			
	5871	**Addition of acrylic** to opp arch prosthesis for occlusal plane correction-lower	fee determined			
	5870	**Addition of teeth** to the opp arch prosthesis for occlusal plane correction-upper	fee determined			
	5871	**Addition of teeth** to the opp arch prosthesis for occlusal plane correction-lower	fee determined			
	2799	**Custom shade** with lab for esthetic cases	0.00			
	6078	**Upper Full Arch Porcelain Fused to Metal Fixed/ Cemented Bridge**	3,891.00			
	6078	**Lower Full Arch Porcelain Fused to Metal Fixed/ Cemented Bridge**	3,891.00			
	9120	**Section Existing Bridge**	fee determined			
	6999	Unspecified Fixed Prosthetics Procedure	0			
		PROVISIONAL PROSTHETICS				
	8888	**Essix Appliance** for Repl of 1 or More Teeth	635.00			
	6940	**Bonded Tooth** For Provisionalization	363.00			
	5820	**Immediate Load Provisional**-single tooth-upper	635.00			
	5820	**Immediate Load Provisional**-3+ units up to 6-upper	635.00			
	5821	**Immediate Load Provisional**-single tooth-lower	636.00			
	5821	**Immediate Load Provisional**-3+ units up to 6-lower	636.00			
	5810	**Upper Immediate Load Full Arch Prosthesis (Provisional)**	777.00			
	5811	**Lower Immediate Load Full Arch Prosthesis (Provisional)**	789.00			
		DIAGNOSTICS				
	330	Panorex	100.00			
	9952	Occlusal Adjustment-Complete	552.00			
	9951	Occlusal Adjustment-Limited	135.00			
	9940	Occlusal Guard-lab processed hard nightguard	640.00			
	9940	Occlusal Guard-soft nightguard	640.00			
	9940	Occlusal Guard-NTI Appliance	640.00			
	470	Study models	56.00			
	360	CT Scan and Interpretation	350.00			
	360	CT Scan and Interpretation-Follow up Progress Scan	150.00			
	6190	Surgical Guide fm Scan (upper)	fee determined			
	6190	Surgical Guide fm Scan (lower)	fee determined			
	415	Culture and Sensitivity	116.00			
		MISC. PROCEDURES				
	9610	Steroid Injection	50.00			
	9930	Treatment of Complications	109.00			
	9972	Bleaching Trays-per arch	501.00			
	9982	Additional Laboratory Costs/Overtime 10%	0.00			
		ADJUNCTIVE ORAL HYGIENE DEVICES				
	261	Hydrofloss irrigator	120.00			
	9980	Pro Tech Denture cleanser	28.00			
	253	Sonicare Toothbrush	122.00			
	258	Sonicare Toothbrush Extra Heads	10.00			
	254	Rotadent Toothbrush	122.00			
	255	Hydrabrush Toothbrush	122.00			
		Additional charges/considerations:				
		Total Case Fee				
		Less Discounts				
		Final Case Fee				
		Phase One Estimate				
		Phase Two Estimate				
		Alternative Treatment Estimate				
		Summary/Descr. Of Treatment Alternative				
		Time Sequencing of Visits:				
	1st					
	2nd					
	3rd					
	4th					
	5th					
	6th					
	7th					
	8th					
	9th					
	10th					