

# Fee Estimate Worksheet

PROFESSIONAL  
PROTECTOR PLAN®  
FOR DENTISTS



Patient: \_\_\_\_\_

Date: \_\_\_\_\_

## FEE ESTIMATE

Dentist Name here

Dentist address

Dentist phone

Procedure	Number Needed	Fee Each	Total Fee	Procedure	Number Needed	Fee Each	Total Fee
Exam				Root canal treatment, 1 root			
Consultation				Root canal treatment, 2 roots			
X-rays, bitewings				Root canal treatment, 3 roots			
X-rays, full series				Pulpotomy			
X-ray, Panorex				Pulp cap, direct			
Cleaning, routine				Sedative filling			
Cleaning, extended				Space maintainer			
Cleaning, perio maintenance				Periodontal surgery			
Root planing, curettage/quadrant				Extraction, first tooth			
Root planing, curettage/quad 1-3 t.				Extraction, each additional			
Periodontal antibiotic treatment				Extraction, surgical			
Periodontal laser treatment				*Denture, full			
Fluoride treatment				*Denture, immediate			
Sealants				*Denture, partial			
Composite filling, 1-surface, front				*Denture, temporary			
Composite filling, 2-surface, front				Add tooth to denture			
Composite filling, 3-surface, front				Add clasp to denture			
Composite filling, 4-surface, front				Repair full denture			
Composite filling, 1-surface, back				Repair partial denture			
Composite filling, 2-surface, back				*Reline denture			
Composite filling, 3-surface, back				Tissue conditioning liner			
Composite filling, 4-surface, back				*Temporary partial/flipper			
Amalgam filling, 1-surface				*Precision attachment on partial			
Amalgam filling, 2-surface				Splint teeth			
Amalgam filling, 3-surface				*Nightguard			
Amalgam filling, 4-surface				NTI appliance			
Crown repair				Bleaching in-office Deep Bleach			
Bridge repair				Bleaching, home treatment			
Build-up for crown				Bleaching, in-office, single tooth			
Retention post				Bleaching kit refill			
*Crown, porcelain surface				Fluoride trays, home use			
*Crown, gold				Oral hygiene aids			
*Crown, implant-retained				Sonicare electric toothbrush			
*Implant abutment components							
*Bridge, _____ teeth				Emergency treatment			
*Bridge, _____ teeth							
Laser gingivectomy				*Temporary crown			
				*Temporary bridge			

**Estimate Total:**

**Payment Options:**

- Pay for each visit at time of appointment.
- Charge to MasterCard or Visa
- \$ \_\_\_\_\_ down; monthly payments of \$ \_\_\_\_\_ for \_\_\_\_\_ months (arrangements made with bookkeeper).

\*Certain procedures involving labwork must be paid: half by the first treatment day; balance in full on the day they are completed.

All accounts are past due after 90 days unless prior arrangements have been made. Interest at 1% per month (12% per year) will be charged to all past due accounts. This is our best estimate of services that will be done. The final fees may vary if unforeseen circumstances or complications arise. Estimate is valid for 90 days.

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