

15 Most Common Procedures with Standard **Non-Discounted** Fees for Ideal Dental

D0140	Limited Oral Evaluation - Problem Focused	\$68
D0150	Comprehensive Oral Evaluation	\$95
D0210	Intraoral Complete Full Mouth X-Rays	\$125
D0220	Intraoral Periapical First Film X-Ray	\$29
D0230	Intraoral Periapical Additional Film X-Ray	\$25
D0274	Bitewing X-Rays - Four Films	\$51
D1110	Adult Prophylaxis (Basic Cleaning)	\$90
D1330	Oral Hygiene Instructions	\$0
D1351	Sealant Per Tooth	\$58
D2391	Resin Based Composite One Surface Posterior Filling	\$165
D2392	Resin Based Composite Two Surface Posterior Filling	\$215
D2393	Resin Based Composite Three Surface Posterior Filling	\$261
D4341	Periodontal Scaling and Root Planing Per Quadrant	\$275
D7140	Extraction of Erupted Tooth or Exposed Root	\$155
D7210	Surgical Removal of Erupted Tooth	\$245

While these are our non-discounted fees we offer discounts to almost all of our patients, and offer a discount plan that any patient is eligible to enroll in except in the most extreme and unusual circumstances.