



19 June 2017

Mr Harrison Ford
 36 Gravel St
 WATERLOO SA 5413

Dear Mr Ford,

As requested, please see a summary of your treatment plan. For your convenience, this summary informs you of the item numbers and costs of your treatment. If you wish to check your health insurance benefits, you will need to quote your item numbers to your health insurer.

Visit	Item Number	Tooth No	Item Description	Fee
1	022	36	Single X-Ray	\$40.00
1	415	36	Root Canal Prep - 1 Canal	\$200.00
1	416	36	Root Canal Prep-@ Additional Canal	\$150.00
1	416	36	Root Canal Prep-@ Additional Canal	\$150.00
1	416	36	Root Canal Prep-@ Additional Canal	\$150.00
1	572	36	Provisional (intermediate/temp) Restoration -per tooth	\$90.00
Subtotal				\$780.00
2	022	36	Single X-Ray	\$40.00
2	417	36	Root Canal Obturation - 1canal	\$180.00
2	418	36	Obturation - Each Additional Canal	\$150.00
2	418	36	Obturation - Each Additional Canal	\$150.00
2	418	36	Obturation - Each Additional Canal	\$150.00
2	572	36	Provisional (intermediate/temp) Restoration -per tooth	\$90.00
Subtotal				\$760.00
3	627	36	Preliminary Restoration For Crown- Direct	\$150.00
Subtotal				\$150.00
4	613	36	Full crown - non metallic- indirect	\$1500.00
Subtotal				\$1500.00

I trust that our consultation on 16/06/2017 has addressed all your questions and concerns for this treatment plan. Please see the stages of your treatment below with relevant clinical explanations as discussed during our consultation.

Phase 1 - Root Canal Treatment

Visit 1 - Preparation: exploration, cleansing and medication of canals

Visit 2 - Sealing canal: Medicating and sealing of canals

Phase 2 - Restoration of tooth

Visit 3 - Building base of crown - Please bring occlusal splint

Visit 4 - Cementing crown - Please bring Occlusal splint

Our reception staff have tentatively booked your first appointment on 23/06/2017 at 10:00am. We kindly request you sign this document to confirm your acceptance of this treatment plan and to secure the treatment costs for the next 3 months as they are subject to change. We invite you to sign this document in surgery before your first appointment or if you wish you can forward the signed document to our email address.

Kind regards,

Dr Wendy Smile

I, Harrison Ford understand the treatment plan and costs stated in this letter.

Insert E-Signature