

“ LIMITED ” DIAGNOSTIC RECORDS

Diagnosis is the key to any successful treatment. As you are presenting with no craniofacial or sleep disorders of which you are aware, our records appointment will be “limited” to the following records. If it is determined that there are underlying disorders and/or conditions beyond which the “limited” records will allow us to see, other records/tests may be indicated and recommended.

1. Records Appointment

Information is gathered in order to make a thorough assessment and diagnosis. This includes:

<u>PROCEDURE</u>	<u>ADA CODE</u>	<u>MED CODE</u>	<u>COST</u>
COMPREHENSIVE ORAL EXAM	0150	99203	\$75.00
FMX DIGITAL RADIOGRAPHS - ALL	0210	70320	\$101.00
OROFACIAL AND POSTURE IMAGES	0350	99070	\$63.00
NUTRITIONAL SCAN	NS		\$25.00
DIGITAL IMPRESSIONS	0470	99070	\$75.00
ORAL CANCER PHOSPHORESCENCE	0482	02431	\$25.00
3D DIGITAL PANORAMIC IMAGE	0367	70355	\$101.00
VITAMIN D TEST	VITD		\$35.00
HEART RATE VARIABILITY	HRV		\$25.00
MEAS (MERIDIAN BALANCE TESTING)	MEAS		\$25.00

TOTAL DIAGNOSTIC FEES \$575.00

2. Consultation Appointment

Should more than 1-2 simple fillings be required to restore your orofacial system to health, Dr. Wall will analyze your records and create a customized care plan. The fee listed is for care plan creation and accompanying consultation appointment. As it can take Dr. Wall up to 2 hours to complete your treatment plans, this fee must be prepaid prior to Dr. Wall reviewing all your records.

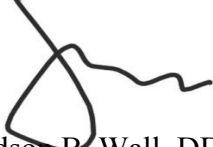
COST
\$205

Payment of Fees

If you have dental insurance, some of these fees *may* be reimbursable. Regardless of insurance coverage, however, **payment for services rendered are due at the time of service.** I understand that there is a NON-REFUNDABLE \$200 deposit to reserve a diagnostic appointment.

By signing below, I attest that I understand and agree to the above-listed procedures and associated fees.

Yours in better dental health,



Judson B. Wall, DDS
Dental Solutions, Inc.

Printed name

Signed name