

CPT DIAGNOSTIC FEE			AMALGAMS FEE			CPT ORTHODONTICS - APPLIANCES FEE		
<input type="checkbox"/> 0110 Initial	<input type="checkbox"/> 0120 Periodic Exam		CODE	TOOTH #	SURFACE	<input type="checkbox"/> 8110	Removable Tooth Guidance	
<input type="checkbox"/> 0130 Emergency Exam			<input type="checkbox"/> 21	/	/ =	<input type="checkbox"/> 8120	Fixed Tooth Guidance	
<input type="checkbox"/> 0140 Limited Evaluation			<input type="checkbox"/> 21	/	/ =	<input type="checkbox"/> 8210	Removable Habit Appliance	
<input type="checkbox"/> 0210 Intraoral X-Ray Complete #			<input type="checkbox"/> 21	/	/ =	<input type="checkbox"/> 8220	Fixed Habit Appliance	
<input type="checkbox"/> 0220 Intraoral X-Ray 1st Film			COMPOSITE			<input type="checkbox"/> 8350	Interceptive Ortho. Treatment	
<input type="checkbox"/> 0230 Intraoral X-Ray Add. X			<input type="checkbox"/> 23	/	/ =	OTHER		
<input type="checkbox"/> 0240 Occlusal X-Ray			<input type="checkbox"/> 23	/	/ =			
<input type="checkbox"/> 0272 Bw 2 X-Rays <input type="checkbox"/> 0274 Bw 4 X-Rays			<input type="checkbox"/> 23	/	/ =			
<input type="checkbox"/> 0330 Panoramic X-Ray			<input type="checkbox"/> 2336	Composite Resin Crown Ant. Primary				
<input type="checkbox"/> 0460 Pulp Vitality Test			<input type="checkbox"/> 2336	Composite Resin Crown Ant. Primary				
<input type="checkbox"/> 0470 Diagnostic Casts			CPT	OTHER RESTORATIVE		FEE		
CPT	PREVENTIVE	FEE	<input type="checkbox"/> 2930	Stainless Steel Crown				
<input type="checkbox"/> 1110 Adult Prophyl			<input type="checkbox"/> 2930	Stainless Steel Crown				
<input type="checkbox"/> 1120 Child Prophyl			<input type="checkbox"/> 2920	Recent Crown				
<input type="checkbox"/> 1203 Fluoride			<input type="checkbox"/> 2940	Sedative Filling				
<input type="checkbox"/> 1351 Sealants			<input type="checkbox"/>					
			CPT	ENDODONTICS		FEE		
			<input type="checkbox"/> 3110	Direct Pulp Cap				
CPT	SPACE MAINTENANCE THERAPY	FEE	<input type="checkbox"/> 3120	Indirect Pulp Cap				
<input type="checkbox"/> 1510 Fixed Unilateral			<input type="checkbox"/> 3220	Pulpotomy				
<input type="checkbox"/> 1515 Fixed Bilateral			<input type="checkbox"/> 3220	Pulpotomy				
<input type="checkbox"/> 1525 Removable Bilateral			<input type="checkbox"/>					
<input type="checkbox"/> 1530 Recementation			CPT	ORAL SURGERY				
			<input type="checkbox"/> 7110	Extraction				
			<input type="checkbox"/> 7110	Extraction				
CPT	PERIODONTICS	FEE	<input type="checkbox"/> 7110	Extraction				
<input type="checkbox"/> 4341 Perio Scaling/Root Planning per Quad.			<input type="checkbox"/> 7120	Additional Extraction				
<input type="checkbox"/> 4345 Perio Scaling/Presence of Ging. Inflamm.			<input type="checkbox"/> 7250	Root Fragment Extraction				
<input type="checkbox"/>			CPT	MISCELLANEOUS		FEE		
CPT	OTHER TREATMENTS	FEE	<input type="checkbox"/> 9110	Palliative Treatment				
<input type="checkbox"/> 3960 Bleaching			<input type="checkbox"/> 9230	Analgesia				
<input type="checkbox"/> 9999 Enamel Microabrasion								
<input type="checkbox"/> 9951 Enamelplasty								

IF UNABLE TO KEEP THIS APPOINTMENT KINDLY
GIVE 24 HOURS NOTICE OTHERWISE CHARGE
MAY BE MADE FOR TIME RESERVED

☐ THIS IS A PRE-TREATMENT ESTIMATE
CIRCLED FEES ARE FOR SERVICES PERFORMED

Today's Charges \$ _____ Treatment Estimate \$ _____

LIC # 09791 SPEC. PERMIT #2451 T.I.N. #22-2371897

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Drs. Signature _____