

ORAL MEDICINE & RADIOLOGY

LIST OF TREATMENT PROVIDED WITH CHARGES /SCOPE OF SERVICES

Sr. No.	Procedure	Charges
1	OPD (Case Paper + Consultation)	30
2	Intra Oral Periapical (IOPA) Radiograph (Adults) / (Pedo) / Digital Intra Oral Periapical (IOPA) Radiograph (Soft Copy)	70
3	Occlusal View / Bitewing Radiograph	100
4	Conventional Film Based	
A	O.P.G (Film Size – 15 X 30 cm)/ Lateral Cephalogram (Film Size – 18 X 24 cm)	300
B	Skull Views (Film Size – 8 X 10 Inches)	100
C	Lateral Oblique View- Unilateral / TMJ View Unilateral (Film Size – 8 X 10 Inches)	100
D	Lateral Oblique View- Bilateral / TMJ View Bilateral (Film Size – 8 X 10 Inches)	150
5	Digital Imaging	
A	Digital OPG, Digital Lateral Cephalogram and All Extraoral Digital Radiographs (Soft Copy Only)	300
B	Digital OPG, Digital Lateral Cephalogram and All Extraoral Digital Radiographs (Print)	400

6	Cone Beam Computed Tomography (CBCT)(3D Imaging)	
A	Endodontic Assessment	600
B	Third Molar Impacted	600
C	Implant site assessment- Single	600
D	Quadrant- Single	1000
E	Implant site assessment (Multiple sites but same quadrant)	1000
F	Single Arch	1500
G	Implant Site Assessment (multiple sites but single arch)	1500
H	Full Mouth (Both Arches)	2000
I	3D TMJ	2000
J	Implant Site Assessment (multiple sites both arches)	2000
K	Maxillary Sinus	2000
L	Air way Analysis	2000
M	Full Mouth (Both Arches) & TMJ	2250
N	Face Scan/Model Scan	300
O	Duplicate CD of entire volume	100

Sr. No.	Procedure	Charges
7	Medical Management of Oral Mucosal Lesions	200
8	Intra Lesional Injections and Other Procedures	100
9	Soft Tissue Biopsies	300
10	Recall Visit of Various Patients	Free

11	Cancer Detection Using Vital Staining / Velscope	100
12	Counseling for Tobacco Habit Cessation	Free
13	Transcutaneous Electrical Nerve Stimulation Therapy (Per Sitting)	100
14	Ultra Sound Therapy (Per Sitting)	100