

Sheridan Dental Services CPT Pricing

CPT Code	CPT Description	Standard Fee
D0210	INTRAOR COMPLETE FILM SERIES	\$180.00
D1110	DENTAL PROPHYLAXIS ADULT	\$90.00
D0150	COMPREHENSIVE ORAL EVALUATION	\$86.00
D4341	PERIODONTAL SCALING & ROOT	\$250.00
D1206	TOPICAL FLUORIDE VARNISH	\$36.00
D0220	INTRAORAL PERIAPICAL FIRST F	\$27.00
D7140	EXTRACTION ERUPTED TOOTH/EXR	\$223.00
D0180	COMP PERIODONTAL EVALUATION	\$92.00
D2391	POST 1 SRFC RESIN-BASED CMPST	\$320.00
D0120	PERIODIC ORAL EVALUATION	\$50.00
D0274	DENTAL BITEWINGS FOUR FILMS	\$63.00
D0140	LIMIT ORAL EVAL PROBLM FOCUS	\$74.00
D0230	INTRAORAL PERIAPICAL EA ADD	\$27.00
D1120	DENTAL PROPHYLAXIS CHILD	\$68.00
D4910	PERIODONTAL MAINT PROCEDURES	\$140.00

Sheridan Family Clinic + Pharmacy

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