



In House Plan

Child Plan

1 x Comprehensive Exam or

2x Periodic Exam (including limited/problem focused exams) D0120/D0140

2x Prophylaxis (cleaning) D1110

1 x Topical Fluoride Tooth Desensitizing Treatment

1 X Full Mouth X-rays (FMX), Bite Wing Series (BWX), and Periapical X-rays (PA)

1 x Intraoral Images

** any individual x-rays needed throughout the year (not including CBCT Scans).

Total Yearly fee per person \$299.00

15% off additional prophylaxis, sealants, and fillings*.

Not applicable for dental products (whitening, toothbrushes, etc.)

This plan is active for 1 year from date of activation.

Non-Transferable

* any service provided by Dr. Peter Cracchiolo Jr. ONLY

Patient Name Printed

Print/ Sign Guardian or Responsible Party

Date