



### TREATMENTS / PROCEDURES - QUOTATION

<b>Patient Name</b>	:	Sabeen Noman Noman Atiq	<b>Age</b>	:	39 Years
<b>Address</b>	:		<b>Mobile #</b>	:	0506539532
<b>Medical Record #</b>	:	4246			

SI No	Code	Procedure	Teeth	Surface	Qty	Unit Price	Total	Discount	VAT %	VAT Amount	Net payable	Notes
1	D7140	extraction, erupted tooth or exposed root (elevation and/or forceps removal)	32		1	800.00	800.00	400.00	0.00	0.00	400.00	
2	D7210	surgical removal of erupted tooth requiring removal of bone and/or sectioning of tooth, and including elevation of mucoperiosteal flap if indicated	12		1	1,100.00	1,100.00	550.00	0.00	0.00	550.00	
3	D7953	bone replacement graft for ridge preservation – per site	11		1	1,250.00	1,250.00	250.00	0.00	0.00	1,000.00	
4	D7953	bone replacement graft for ridge preservation – per site	12		1	1,250.00	1,250.00	250.00	0.00	0.00	1,000.00	
5	D6010-2	Surgical installation of dental implant (Megagen/ Osstem)	11		1	3,500.00	3,500.00	700.00	0.00	0.00	2,800.00	
6	D6010-2	Surgical installation of dental implant (Megagen/ Osstem)	13		1	3,500.00	3,500.00	700.00	0.00	0.00	2,800.00	
7	D6010-2	Surgical installation of dental implant (Megagen/ Osstem)	19		1	3,500.00	3,500.00	700.00	0.00	0.00	2,800.00	
8	D6010-2	Surgical installation of dental implant (Megagen/ Osstem)	30		1	3,500.00	3,500.00	700.00	0.00	0.00	2,800.00	
9	D6065	Implant supported ceramic/ zirconia crown	19		1	3,000.00	3,000.00	600.00	0.00	0.00	2,400.00	3 months after implant placement
10	D6065	Implant supported ceramic/ zirconia crown	30		1	3,000.00	3,000.00	600.00	0.00	0.00	2,400.00	3 months after implant placement
11	D6075	implant supported retainer for ceramic FPD	11		1	3,000.00	3,000.00	600.00	0.00	0.00	2,400.00	3 months after implant placement
12	D6075	implant supported retainer for ceramic FPD	13		1	3,000.00	3,000.00	600.00	0.00	0.00	2,400.00	3 months after implant placement
13	D6245	Pontic - Porcelain/Ceramic	12		1	2,500.00	2,500.00	500.00	0.00	0.00	2,000.00	3 months after implant placement
		<b>Total (AED):</b>				<b>32,900.00</b>	<b>32,900.00</b>	<b>7,150.00</b>		<b>0.00</b>	<b>25,750.00</b>	

**Doctor Name**

**License Number**

**Date**

**Signature & Stamp**

Shyam Bhat

DHA-P-0212475

10-Oct-2024