

Procedures	EUROS
A. DIAGNOSIS	
Initial consultation, diagnosis and quotation	0
Periodontal exam	0
Emergencies exam	0
Professional consultation	0
GP check up	0
B. IMAGE DIAGNOSIS	
Intraoral Xray	0
Occlusal Xray	0
Quadrant Xray	0
Lateral Skull Xray	7
Digital 2D Xray	7
Digital Xray	7
Tomographic Study	
3D Xray (1 arcade)	85
3D Xray (2 arcades)	100
C. PREVENTIVE ODONTOLOGY	
Mouth cleaning	0
Fluor tracheostomy	3
Dental Sealers (children)	0
D. CONSERVATIVE ODONTOLOGY	
Dental Fillings	
Provisional	0
Silver filling	14
Cosmetic filling*	27
Large Restoration	49
Restoration with post	89
Restoration with pin	69
E. ENDODONTICS	
Root Canal (1)	100
Root Canal (2)	110
Root Canal (Multi)	120
Apical Seal (per session)	5
Apicectomy*	60
Root Canal Retreatment (from)	125
Laser Therapy	60
Drainage opening of pulp chamber (filling cost not included)	25
F. PEDIATRICS	
Fluoridation	7
Occlusal Sealers	0
Pulpotomy in Temporal Teeth*	49
Metal Crown	52
Fixed Teeth Retainers	56
Mobile Teeth Retainers	46
Tooth Reimplatation (per tooth)	35
Temporal Teeth Filling (metal)	14
Temporal Teeth Filling (composite)	27
Teeth Retainer Revision	18

Procedures	EUROS
G. PERIODONTICS	
Non Surgical Procedures	
Teeth Ferulization (per tooth)	30
Teeth Ferulization (every 6)	150
Periodontal Maintenance (per quadrant)	18
Periodontogram	0
Curettage per quadrant*	39
Surgical Procedures	
Partial Gingivectomy (per quadrant)*	27
Periodontal surgery (per quadrant)	160
Enlarged Coronary Sinus	147
Mucogingival Surgery*	164
Bio-materials Injection	172
Membrane Regeneration	210
Peri-implantitis Treatment	55
H. ORTHODONTICS	
Initial Study and Register (models included)	49
Micro-implant treatment (per unit)	154
Metalic Braces Reposition (unit) from Orthodontic Case	2 0
Removable	
Removable Braces Repair	39
Periodical Consultation of Removable Orthodontics	25
Functional Braces (from)	410
Vestibular Fixed	
Metalic Braces Treatment	528
Cosmetic Braces Treatment	628
Transparent Braces Treatment	730
Periodical Consultation of Fixed Orthodontics	25
Lingual Fixed	
Braces Treatment (per arcade)	1.993
Periodical Consultation of Lingual Fixed Orthodontics Treatment	31
Invisible Orthodontics	
Invisible Orthodontics Study	300
Invisible Orthodontics Treatment	4500
Lite Invisible Orthodontics Treatment (1 arcade)	2700
Lite Invisible Orthodontics Treatment (2 arcades)	3500
Retainer Treatment	
Retention Hawley Plaque Treatment	56
Cosmetic Retention Treatment	112
Lingual Bar Retainer	112
Fiberglass Retainer	122

Procedures	EUROS
I. PROSTHESIS	
Fixed	
CAD-CAM Crown	300
Provisional Jacket Crown	150
Metal-Porcelain Crown	160
Porcelain Repair	40
Diagnostic Wax-Up	15
Bridge Cut and Removal	32
Acrylic Removable	
1 Tooth Acrylic Removable	80
1-3 Teeth Acrylic Removable	150
4-6 Teeth Acrylic Removable	200
7-9 Teeth Acrylic Removable	265
10 or more Teeth Acrylic Removable	300
Complete Dentures	
Upper or Lower	360
Prosthesis Repair	
Repair	50
Removable Skeletal	
Attaches	75
1 Tooth Skeletal	150
Skeletal per Additional Tooth	50
Partial Removable	
1-2 Teeth	410
3-5 Teeth	442
More than 6 Teeth	495
Repairment or Adding Teeth	75
Neobase (up to 5 Teeth)	95
Neobase (more than 6 Teeth)	185
Partial Removable Prosthesis including Skeletal and Teeth (up to 5)	505
Partial Removable Prosthesis including Skeletal and Teeth (more than 6 Teeth)	556
J. SURGERY	
Dental Extraction (per Tooth)	0
Surgical Dental Extraction (per Tooth)	40
Dentoalveolar Abcess Compensation	50
Torus Maxilares	41
Cistectomy*	50
Frenectomy*	19
Fenestration	40
Epulis Treatment*	32
K. IMPLANTHOLOGY	
Surgical Phase	
Implanthology Study (included photos and models)	0
Study and Computer Aided Guidelines	975
Implant Treatment	640
Implant Treatment Maintenance	35

Procedures	EUROS
Dental Sinus Lift*	468
Biomaterial Injection	172
Dental Membrane Placement	210
Prosthetic Phase	
Pillar	285
CAD-CAM Pillar	330
Fixed Metal-Porcelain Crown	240
CAD-CAM Crown	345
Hybrid Dental Implant Prosthesis	2.350
Overdenture	705
L. MAD	
Check Up	30
Diagnosis and latter Placement of Mouthguard for Bruxism	237
Device repair or readjustment	55
Occlusion analysis and selective cutting	40
Mandibular Advancement Device Treatment	250
Manual Support Therapy	50
M. DENTAL COSMETICS	
Composite Veneers (per Tooth)	100
Porcelain Veneers (per Tooth)	260
Procelain Inlay	140
Dental Whitening Combined (Consultation and Home Kit)*	395
Dental Whitening in Room*	300
Dental Whitening Home (Split and Whitening Kit Included)	150
Tooth Whitening (per Tooth)*	37
CAD-CAM Cosmetic Crown	340

ADDITIONAL INFORMATION

1. Costs shown are for the 2020 year, except errors or typos.

2. Most frequent services included, all of them require initial consultation.

3 Those marked with asterisk can be developed with laser aid, which include an extra cost of 60 euros.