



**PLEASE NOTE**

*For Hygiene Services payment in full is required before treatment can begin.*

*For Denture Services treatment will not proceed without payment and the account must be paid in full before receiving dentures.*

*Please provide 24 hours notice if you are not able to keep your appointment.*



**Interprofessional Learning  
Clinic**

**CLIENT SERVICES**  
175 Kendal Avenue, Room B105  
Toronto, Ontario M5R 1M3  
**416-415-4547**  
Fax 416-415-4604

[chsclientservices@georgebrown.ca](mailto:chsclientservices@georgebrown.ca)

[www.georgebrown.ca/clinic](http://www.georgebrown.ca/clinic)



**FEE SCHEDULE  
2009 - 2010**



**Interprofessional  
Learning Clinic**

# GEORGE BROWN COLLEGE

416-415-4547

## HYGIENE SERVICES

<b>Examination (Non Refundable)</b>		
Paedo 3-13 yrs		5.00
Youth 14-17 yrs		10.00
Adults 18+ yrs		15.00
<b>Scaling/Polish/Plaque Control/ Oral Self Care</b>		
Paedo 3-13 yrs		10.00
Youth 14-17 yrs		15.00
Adults 18+ yrs		20.00
<b>Fluoride &amp; Sealants</b>		
Paedo 3-13 yrs	N/C	
Youth 14-17 yrs	N/C	
Adults 18+ yrs	N/C	
<b>Whitening</b>		
Paedo 3-13 yrs	N/A	
Youth 14-17 yrs	N/A	
Adults 18+ yrs		175.00
<b>Sports Guard (This is also a Denture Service)</b>		
Paedo 3-13 yrs		40.00
Youth 14-17 yrs		40.00
Adults 18+ yrs		40.00
<b>Dental Assisting</b>		20.00
<b>Health Risk Assessment</b>		10.00
<b>Hearing Assessment</b>	N/C	
<b>Fitness &amp; Lifestyle Assessment</b>	N/C	

## DENTURE SERVICES

<b>Examination (Non Refundable)</b>		
All Clients		25.00
<b>Complete Dentures</b>		
1 Unit		200.00
2 Units – Upper & Lower		400.00
<b>Complete Against Partial Denture</b>		
2 Units – Upper & Lower		440.00
<b>Transitional Dentures</b>		
Complete – 1 Unit		185.00
Complete – 2 Units/Upper & Lower		300.00
Partial Acrylic 1 or 2 teeth		80.00
<b>Partial Denture</b>		
1 Unit		250.00
2 Units – Upper & Lower		500.00
<b>Clasp &amp; Teeth Additions</b>		
Cast Partial Denture – per denture		60.00
<b>Relines</b>		
Permanent Complete Denture		75.00
Soft Complete Denture		75.00
Permanent Partial Denture		65.00
Soft Partial Denture		65.00
<b>All reline fees – per denture</b>		
<b>Repair</b>		
Complete & Partial Denture		40.00
<b>All repair fees – per denture</b>		

## RESTORATIVE SERVICES

<b>Examination (Non Refundable)</b>		
All Clients		25.00
<b>Composite Resins Anterior – Premolar – Molar</b>		
One Surface		10.00
Two Surfaces		15.00
Three Surfaces		20.00
Four Surfaces		25.00
Five Surfaces		30.00
<b>Veneers</b>		
Direct Build Up – per tooth		60.00
Diastema Closure		35.00
<b>Amalgam – Bonded – Premolar – Molar</b>		
One Surface		10.00
Two Surfaces		15.00
Three Surfaces		20.00
Four Surfaces		25.00
Five Surfaces		30.00
<b>RADIOGRAPHS-Duplicate Film Used</b>		
1 Radiograph		10.00
2 Radiographs		12.00
3 Radiographs		15.00
4 Radiographs		18.00
5 Radiographs		20.00
6 Radiographs		22.00
7 Radiographs		25.00
8 – 19 Radiographs		26.00
Full Mouth Survey		30.00
Panorex		30.00

VISA – MASTERCARD – AMEX – DEBIT CARD – CASH ALL ACCEPTED

Fees are in effect as of September 2009

Fees are subject to change