

SF PEDIATRIC DENTISTRY

Office fees

Please contact us with your insurance information to receive an estimate of your out-of-pocket expenses based on your specific dental benefit plan.

FIRST VISIT		
Includes: Compr	rehensive Exam, Cleaning, Caries Risk Assessment, Fluoride, Counseling,	X-Rays (as needed)
0-3 year old		\$278
Child		\$466
Teenager		\$504
TREATMENT		
Sealant		\$102
Silver Diamine Fluoride		\$50
White-colored	d Filling	
	1 - Surface	\$292
	2 - Surface	\$353
	3 - Surface	\$420
Stainless Steel Crown		\$446
Zirconia Esthetic Crown		\$504
Nitrous Oxide / Oxygen Inhalation Anxiolysis and Analgesia		\$73

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