

**Mr Nick Reignger** 3 Spindanberry Close OX4 6DU

## TREATMENT PLAN ESTIMATE

## Dear Mr Reignger,

As a result of your examination on 30/09/2022 with Pooja Varyani you are advised that the following treatment and care is needed to achieve dental fitness.

**Estimated Fee** 

**Course of Treatment 278385 (Private)** 

Composite Filling

UL5

150.00

Total

£150.00

LL6 DO LL7 MO LL7 B

Please Note:

It may be necessary to amend this treatment plan and therefore the costs may change.

If this happens I will advise you and ask you how you wish to proceed.

Treatment may be withheld if payment is not made as specified.

Terms of Payment:

By cash, credit card or cheque with current bankers card.

Name: Mr Nick Reignger