



MAYFAIRE

FAMILY DENTISTRY

Membership Plan - Healthy Adult

Healthy Adult Plan \$475/year

Your Plan Includes (Per patient, per year)

- 3 Exams total for your year (2 periodic + 1 limited/emergency)
- 2 Cleanings
- 1 Panoramic x-ray
- 1 Set of bite-wing x-rays
- 2 Additional Periapical x-rays
- 15% Discount on any additional treatments

Example:

***1st Cleaning**
Adult Cleaning = \$111

Periodic Exam = \$64

Totals = **\$175**

***2nd Cleaning**
Adult Cleaning = \$111

Periodic Exam = \$64

Bitewing X-rays = \$80

Totals = **\$255**

***Emergency Appointment**
Limited Exam = \$95

Periapical x-ray = \$37

Totals = **\$132**

*Value for all 3 appointments = **\$562***

Patient Name: _____

Signature: _____ Date: _____





MAYFAIRE FAMILY DENTISTRY

Membership Plan - Healthy Child

Healthy Child Plan \$425/year

Your Child's Plan Includes (Per patient, per year)

- 3 Exams total for child's year (2 cleanings + 1 emergency exam)
- 2 Cleanings
- 1 Panoramic x-ray
- 1 Set of bite-wing x-rays
- 2 Additional Periapical x-rays
- 15% Discount on any additional treatment needed

Example:

1st Cleaning

Child Cleaning = \$84

Periodic Exam = \$64

Fluoride = \$51

Total = **\$199**

2nd Cleaning

Child Cleaning = \$84

Periodic Exam = \$64

Fluoride = \$51

Bitewing X-rays = \$80

Panoramic X-ray = \$139

Total = **\$418**

*Value of 3 appointments = **\$749***

Emergency Visit

Limited Exam = \$95

Periapical X-ray = \$37

Total = **\$132**

Patient Name: _____ Guardian Name: _____

Signature: _____

Date: _____

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Membership Plan - Periodontal Maintenance

Adult Periodontal Plan \$675/year

Your Plan Includes (Per patient, per year)

- 3 Exams total for your year
- 3 Periodontal Maintenance Cleanings
- 1 Panoramic x-ray
- 1 Set of bite-wing x-rays
- 2 Additional Periapical x-rays
- 15% Discount on any additional treatment needed

Example:

*1st Maintenance Appt	*2nd Maintenance Appt	*3rd Maintenance Appt
Cleaning = \$165	Cleaning = \$165	Cleaning = \$165
Periodic Exam = \$64	Periodic Exam = \$64	Totals = \$165
Totals = \$229	Bitewing X-rays = \$80	
	Totals = \$309	

*4th Appointment

Limited / Emergency Exam = \$95

Periapical X-ray = \$37

Total = **\$132**

Value for 4 appointments = \$835

Patient Name: _____

Signature: _____ Date: _____