Lakeside
DENTAL

PRICE LIST

GENERAL DENTISTRY
Examination & Scale and Clean..€70
Examination €40
Examination (Child) €20
Scale and Polish.....€50
X rays.....€15
Prescription.....€20
Referral Letter ..... FREE

CROWN AND BRIDGE
Porcelain/ Metal (PFM).....€400
All Porcelain Crown.....€600
Porcelain Veneer.....€500
Post and Core Crown.....€500
Resin Bonded Bridge.....€600
Bonded Bridge per unit.....from €400
Recement crown €50

FILLINGS
Amalgam (silver).....€65
Composite (white) Anterior.....€75
Composite (white) Posterior...€90
Children's Filling.....€40
Temporary Filling.....€30
Fissure Sealant.....€25

DENTURES
Acrylic (Plastic) 1-3 Teeth from.....€300
Acrylic 3-7 Teeth.....€350
Acrylic 7-12 Teeth.....€350
Complete Denture Upper or Lower.....€350
Complete Denture Upper and Lower....€650
Metal Based Chrome from.....€500

EXTRACTIONS
Routine Extraction..... €50
Surgical Extraction..... €100
Child's Extraction..... €40

TEETH WHITENING
In Surgery Bleaching (with complimentary home whitening kit).....€400
Home Whitening Kit.....€250
Whitening pen.....€70

ROOT CANAL
Anterior..... €250
Premolar €350
Molar €500
Includes all visits, dressings, x-rays and Filling

PROFESSIONAL MOUTH GUARDS
Sports Guard.....€60
Sports Guard Two Colours.....€80
Occlusal Splint.....€100

Lakeside Dental
21 North Road
Monaghan
Ireland

Phone
047 81032
email
info@lakesidedental.ie

Opening times
Mon-Thurs 8.45am-5pm
Friday 8.45am -4pm Ireland

Lakeside
DENTAL

CONFIDENTIAL MEDICAL HISTORY
PERSONAL DETAILS

Title _____ First Name. _____ Surname. _____

Address _____ DOB. _____

_____

_____ Occupation _____

CONTACT DETAILS

Phone (Home)_____Mobile_____Work_____

Email_____

Next of Kin (In case of emergency) : Name _____ Contact Number_____

PRIVATE / MEDICAL CARD / PRSI

PPSN_____

DENTAL

What is the purpose of your visit today? _____
Are you suffering from any pain with your teeth, jaw or gums? _____
When was your last dental check up? _____
How many times a day do you brush your teeth? Once Twice Never
Do you floss, use mouthwash or inter dental cleaning aids? _____
Do you suffer from bleeding gums or sensitivity?_ _____
How would like you to improve the appearance of your teeth? _____
Would you be interested in whitening your teeth? _____
Do you clench or grind your teeth? _____
Do you snore at night? |_____
Do you wish to discuss anything privately with your dentist? Y/N

MEDICAL

GP Name and Address _____
_____
Are you currently receiving any medical treatment from a doctor? If yes please give details_____
Are you currently taking any medications or supplements?
_____
Have you been in hospital in the last 2 years?_____
Do you have any allergies to Latex, Penicillin or any other substances?
Have you ever had any problems with bleeding after a dental extraction?
Are you currently taking any anti-coagulant medications? E.g. Aspirin/ Warfarin/ Eliquis
Do you suffer from Osteoporosis?_____
Do you smoke? If yes how many a day?_____
Do you drink alcohol? If so average weekly intake in units? _____

Women only:- Are you/ Do you suspect you are pregnant?

Do you suffer from or have ever suffered from any of the following:

Anaemia.....Y/N
Asthma/ Breathing Problems..... Y/N
Artritis..... Y/N
Artificial Joints Replacement ..... Y/N
Anxiety ..... Y/N
Bleeding problems.....Y/N
Bronchitis ..... Y/N
Cancer ..... Y/N
Diabetes..... Y/N
Epilepsy..... Y/N
Fainting/ Giddiness/ Blackouts ..... Y/N
Hay fever ..... Y/N
Heart Disease/ Surgery ..... Y/N
High Blood Pressure .....Y/N
HIV/ AIDS .....Y/N
Kidney Disease ..... Y/N
Liver Disease/ Jaundice ..... Y/N
Osteoporosis ..... Y/N
Radiation Treatment to the head or neck ..... Y/N
Rheumatic Fever ..... Y/N
Sinus Problems.....Y/N
Stroke ..... Y/N
Thyroid.....Y/N

How did you hear about us? (*please circle*)

Previous Patient	Word of Mouth	Newspaper	Facebook
Family friend	Sign	Walked past	Google
Drove past	Other		

If referred by a friend, by whom _____

Do you consent to a dental treatment from your dentist. Complex dental treatment will be explained to you by you dentist. Yes No

Would you like to receive reminders by email? Yes No
Would you like to receive newsletters and general dental information by email? Yes No

PRINT NAME _____

SIGNATURE _____

DATE ___/___/____

Lakeside Dental
21 North Road
Monaghan
Ireland

Phone
047 81032
email
info@lakesidedental.ie

Opening times
Monday- Thursday 8.45am-5pm
Friday 8.45am -4pm