



Dentata Charta
Dental Centre



the family / specialist dental centre . . . since 2003

Thank you for choosing Dentata Charta as your dental practice.

We look forward in building a long lasting relationship with all our patients and to provide you with the best dental care we can.

We want you to have and maintain excellent dental health.

Our focus is to provide you with the highest quality affordable dental care. We will ensure you will be involved in the decision-making process of all your treatment.

All treatment will be carried out by our trained and fully registered staff.

Should you have any further questions; please do not hesitate to contact us.

We promise to

- Treat you with dignity and respect.
- Offer you all the treatment options to improve or maintain your dental health and smile.
- Give you a fully written quotation with any dental treatment.
- Listen and respond promptly, sympathetically and constructively to all your comments.
- Comply with all the safety and sterility guidelines.
- Only use proven, safe techniques and materials.
- Run on time wherever possible.
- Adhere to the GDC Standards for Dental Professionals.

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We ask you to

- Attend examination, and treatment appointments as advised
- Please keep us informed of any changes to your contact details or medical history.
- To provide your permission to contact you by text, email, phone or post
- Pay for treatment when requested. We accept cash and most cards. Receipts and statements can be provided if required.
- Please give us more than 2 working days' notice if you need to change/ cancel your appointment. Normally we reserve the right to charge for time lost but we appreciate that we live in an uncertain world and would use our discretion in waving the fee for genuine emergencies.
- Inform us if you require disabled access or a ground floor surgery
- Please recommend us to your family, friends and colleagues
- Contact our reception team should you have any complaints or suggestions.
- We take patients confidentiality very seriously and follow the GDPR guidelines
- To complete a confidential consent form providing us with the permission to discuss your confidential information with a third party. (This includes appointment, payment, and treatment information)
- Please speak to a member of staff if you would like a copy of our Confidentiality Policy or if you would like further information.

For your convenience

- Monthly payment plans to cover the fees for your Dental Examination and Hygiene appointments
- Interest Free Finance plans to help spread the cost of your dental treatment
- You can print the last two pages of this document to complete your medical history information prior to your appointment
- Please visit our social media pages by clicking on the logo's below



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Meet my team at Dentata Charta Dental Centre



Dr Johan Viljoen
Practice owner and Principal
Dentist

BChD Pretoria 1998
... Number 74359
please click
([here](#))
to see the rest of our team

Dentata Charta Dental Centre Practice Information

Monday to Thursday 08:30 to 17:30

Friday 07:30 to 15:00

During out of hours, please call the practice for emergency numbers.

The NHS dental helpline telephone number is 111

01638 662295

dentata.charta@soegateway.com

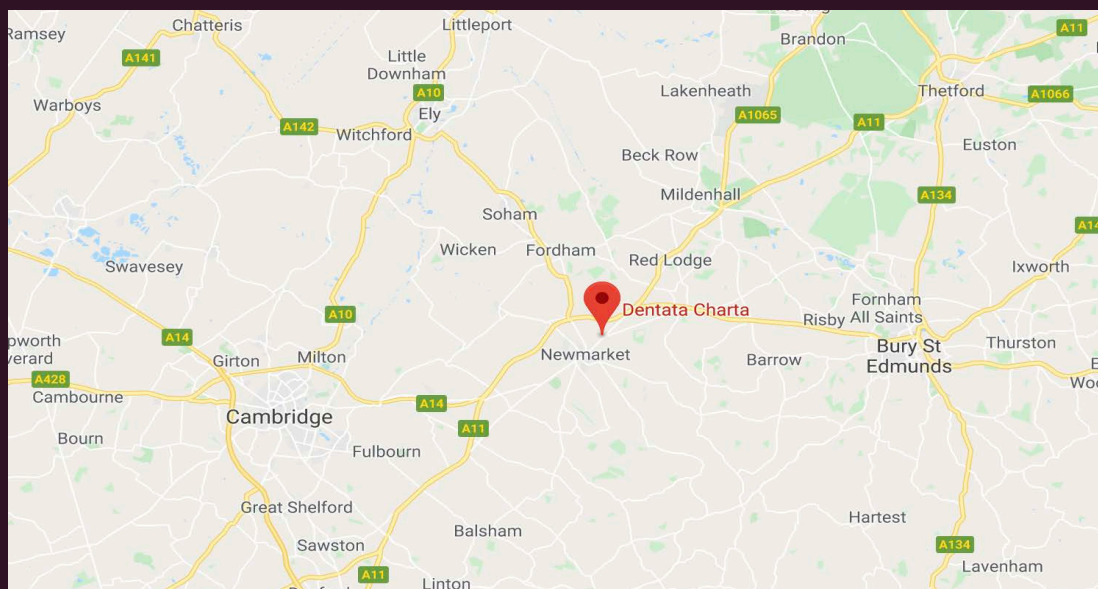
www.dentatacharta.co.uk (Click here to visit our website)

48 Bury Road, Newmarket, Suffolk, CB8 7BT

On-site car parking is available

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Please click on the map to find us



Private Treatment

New Patient Extensive Examination £162.75

Medical and Dental Health
X-rays as required
Clinical examination
Intra-oral photos as required

Teeth and supporting tissues
Full written treatment plan
Oral cancer screening
Maintenance Program

Pre-Treatment Consultation £61.00

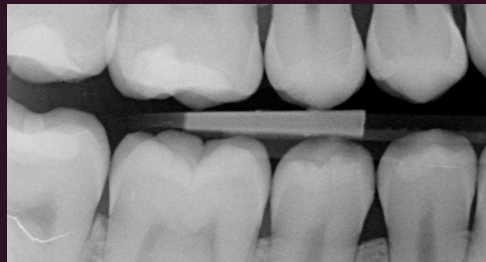
Explanation and discussion of future treatments

Dental Hygiene Treatment £61.00

Scale and Polish
Oral Health Instructions

Periodontal charting
Sensitivity Treatment

Digital Low Dose Small X-ray(s) £15.75



Bite wing X-ray

Digital Low Dose Large X-ray £47.25



OPG

Clinical Photographs FOC



Private Treatment Fees

Dental Examinations

New Patient Extensive Examination	£162.75
Routine Dental Examination	£ 61.00
Pre-Treatment Consultation	£ 61.00
Routine Child Examination	£ 30.00
Emergency Appointment	£105.00

Digital Low Dose Small X-ray(s)	£ 15.75
Digital Low Dose Large X-ray	£ 47.25
Clinical Photographs	FOC

Dental Hygiene Treatment

Routine Dental Hygiene Treatment	£ 61.00
Hygiene with Extensive Air Flow Polish	£ 81.90

Dental Restorations

White Fillings – Veneers (Composite)	From £103.00 to £ 472.50
Crowns, Inlays, Bridge, and Veneers per unit	From £734.75 to £1050.00
Dentures Per Jaw	From £724.50

Surgical Treatments

Extraction	From £155.00
Complex Surgical Extractions	From £315.00

Root Canal Treatment

Central tooth	£ 330.75
Pre-molar	£ 546.00
Molar tooth	£ 682.50

Specialised Dental Treatments

Surgery Tooth Whitening Treatments

Surgery Tooth Whitening Treatments

Whitening Package Includes the following: £ 600.00

Dental Hygiene Appointment
In-House Zoom whitening treatment
Zoom Home whitening with top-up whitening gel

Home Whitening Treatments

Impressions for whitening trays and whitening gels £ 267.75

Top-up Gel for 3 tubes £ 80.00

Dental Implants

Implants		£ 1050.00 - £ 1417.50
Implant Crowns		£ 1050.00 - £ 1417.50
Guided bone regeneration	From	£ 550.00
Sinus augmentation	From	£ 1200.00
Teeth in a Day package	From	£ 15000.00

Short-Term Orthodontic Treatments

Including Retainers and retention

One Arch	From	£ 2575.50
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Two Arches	From	£ 4158.00
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Periodontal specialist treatments

Assessment with intra-oral X-rays		£ 150.00
Non-surgical debridement per session	From	£ 600.00
Periodontal surgery (per quadrant)	From	£ 1250.00
Conscious sedation per session	From	£ 250.00 per hour

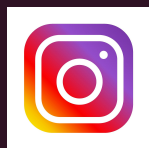
Dental Maintenance Plans

Dental Plan Benefits

- Discount on dental treatments
- Cover for emergency dental treatment
- Cover for treatment following an accident
- Cover for dental hospital treatment
- Cover for oral cancer
- Cover for permanent facial disfigurement

Please see the Accident & Emergency dental cover policy for full details

Option A. 2 x Dental Examination	£ 9.97 per month
Option B. 1 x Dental Examinations with 1 x Hygiene visits	£ 9.97 per month
Option C. 2 x Dental Examinations with 2 x Hygiene visits	£18.63 per month
Option D. 2 x Dental Examinations with 4 x Hygiene visits	£27.30 per month



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Confidentia Dental Health History

We would really appreciate it if you could describe your current dental health by completing this document then bring it with you to your appointment. The information below will help us in understanding your dental health needs. This will help us in providing you with the best possible treatment options available for your situation.

- Approximately, how long has it been since your last dental visit? _____ Year(s) _____ Month(s)
- Would you like to improve anything about your dental health? Yes / No
- Do you think you need any dental treatment? Yes / No
- Do you experience any pain with your teeth or mouth? Yes / No
- Do you have any tooth sensitivity? Yes / No
- Are you aware of any snoring issues? Yes / No
- Do you suffer from Sleep Apnea? Yes / No
- Do you have any jaw pain? Yes / No
- Do your gums appear swollen, or bleed when you brush your teeth? Yes / No
- Have you noticed any change on any part of your tongue, cheek or the inside of your mouth? Yes / No
- Have you had any problems with previous dental treatments? Yes / No
- Are you apprehensive about having dental treatment? Yes / No
- Would you like to change the appearance and/ or colour of your teeth? Yes / No
- If you have dark restorations, would you like to change them to tooth coloured ones? Yes / No
- Do you wish your teeth were shaped differently? Yes / No
- Do you have crowding, gaps or missing teeth that concerns you? Yes / No
- Do you have any further comments to describe your concerns that you haven't mentioned in the questions above?

How did you hear about Dentata Charta, or why have you chosen us?

If you feel it is important please tell us why you have moved from another practice.

Have you thought about having any of the following treatments?

Maintenance and Oral Hygiene visits	Yes/ No	Replacing missing teeth	Yes/ No
Cosmetic/ Whitening treatment	Yes/ No	Dental Implants	Yes/ No
Orthodontics (Teeth Straightening)	Yes/ No	Botox or Facial Fillers	Yes/ No

Communication Permission Request:

We would like to send you the latest info from Dentata Charta Dental Centre, promotions, newsletters and appointment reminders by email & SMS. We will always treat your personal details with the utmost care.

Please let us know if you would like us to contact you or not by choosing one of the options below.

- Yes please, I'd like to hear more about products & services information or promotions
- Yes Please I'd like to receive your Newsletters
- Yes Please I'd like to receive Appointments and Notifications.



Confidential Medical History For

This document provides the dentist with very important information required for your Dental Treatment and Oral Health Care as certain medical conditions can affect dental treatment and vice versa.

First Name: _____ Surname: _____ Title: _____
 Date of Birth: _____ Mobile Phone: _____
 Home Address: _____ Email Address: _____
 _____ Home Phone: _____
 _____ Work Phone: _____
 _____ Occupation: _____

Medical Questions

Are you receiving any medical treatment at the present time? Yes / No
 Details: _____
 In the past 2 years have you undergone any operations? Yes / No
 Details: _____
 Are you taking any medication or tablets including ASPIRIN? (Please provide a printed list where possible) Yes / No
 Details: _____
 Do you have any allergies? Medications, Tablets, Substances or Latex (Including food groups) Yes / No
 Details: _____
 Have you had any prosthetic surgery? e.g. Heart Valve or Hip Replacement Yes / No
 Details: _____
 Are you pregnant, if so how many months? _____ Yes / No
 Do you smoke? (If so, what is your average per week?) _____ Yes / No
 What is your average weekly consumption of alcohol? _____

Have you had any of the following?

- | | | |
|---|---|---|
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Epilepsy, Fainting or Severe Headaches | <input type="checkbox"/> Anaemia |
| <input type="checkbox"/> Heart Trouble, Stroke, Heart Surgery | <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma, Bronchitis or Chest Problems | <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Arthritis |
| <input type="checkbox"/> Gastric Problems | <input type="checkbox"/> Hepatitis - Specify type A, B, C | <input type="checkbox"/> Cold Sores |
| <input type="checkbox"/> Carrying a Medical Card | <input type="checkbox"/> Depressive Illness | <input type="checkbox"/> Are you HIV positive |
| <input type="checkbox"/> Drug Dependence | <input type="checkbox"/> Any other serious illnesses | <input type="checkbox"/> Excessive Bleeding |

Do you have any other aspects concerning your health that you think the dentist should know about?
 Medical histories help us to identify problems that affect your dental health and the effectiveness of your dental care.
 If you have answered yes to any questions e.g. any illness, medication or medical problems please give details below.

GP Doctors Surgery details: _____ Signature of Patient/Parent/Guardian: _____

 _____ Date: _____