THE PRINCE PHILIP DENTAL HOSPITAL SCHEDULE OF FEES FOR TEACHING PATIENTS

| | Fee Level w.e.f. 1 Nov 2025 |
|---|-----------------------------|
| ITEM | HK\$ |
| Attendance fee (per day visit) (payable for all treatments other than dental hygiene therapy and orthodontics) | 50 |
| 2. Dental hygiene therapy fee (whole course of treatment) | 100 |
| General Dental Appliances | |
| 3. Plastic base denture (per jaw denture, irrespective of the number of teeth involved) | 430 |
| 4. Removable partial/ complete denture (metal - per jaw denture) | 760 |
| 5. Repairing, relining or remodelling of denture (per jaw denture) | 110 |
| 6. Inlay, onlay, veneer, crown or bridge (per unit) | 870 |
| 7. Implant denture and overdenture (per jaw denture) | 2.720 |
| (excluding cost of implant / implant components) | 2,730 |
| 8. Implant crown/bridge (per unit) (excluding cost of implant / implant components) | 1,820 |
| Orthodontic Treatments | |
| 9. Removable orthodontic treatment | 5,970 |
| Treatment with Functional appliance / Headgear activator*/ Herbst appliance (* Reverse headgear will be charged at cost separately) | 13,720 |
| 11. Simple fixed orthodontic treatment | 11,440 |
| 12. Comprehensive labial fixed orthodontic treatment (two-year treatment) | 14,860 |
| 13. Comprehensive labial fixed orthodontic treatment (second-phase treatment) | 6,620 |
| Treatment with clear aligners (Non-PPDH laboratory expenses will be charged at cost separately) | 12,390 |
| Comprehensive lingual fixed orthodontic treatment (two-year treatment) (Non-PPDH laboratory expenses will be charged at cost separately) | 14,090 |
| 16. Replacement of removable orthodontic appliance (traditional acrylic type) | 1,560 |
| 17. Replacement of removable orthodontic appliance (vacuum-formed) | 660 |
| 18. Replacement of functional orthodontic appliance | 3,880 |
| 19. Obstructive sleep apnoea treatment | 4,055 |
| <u>Others</u> | |
| 20. Other implants, implant prostheses, distractor, mini bone plates or mini screws, Mandible Advancement Splint, expensive drugs and other cost recoverable items | (Actual material costs) |
| 21. <u>Duplicate copies of X-ray film/ disc</u> | , |
| (i) Processing Fee (per application) | 76 |
| (ii) Charge for duplicate copies of X-ray film/ disc (per modality per disc/ film) | 230 |
| Photocopying (for black and white copy) | |
| (Request duplicate copy of medical records only) | |
| (i) A4 size per page | 1.5 |
| (ii) A3 size per page | 1.6 |
| (Photocopying made on both sides of a sheet is counted as two copies) | |

N.B.: Demand Notes for dental appliances will be issued after impressions for the appliances have been taken. Payment must be made within the specified period, otherwise, no further treatment will be provided