

IDA Dental Fee Reference Chart

Recommended Minimum Charges — Indian Dental Association

X = Metro Cities | Y = Class B Cities | Z = Class C/Rural | Charges in INR

All figures are IDA-recommended minimum charges (2019 guidelines, still widely referenced). Fees may be revised; check with your state IDA branch for updates.

DIAGNOSTIC

Procedure	Metro (X)	Class B (Y)	Class C (Z)
Professional Consultation	300	200	150
IOPA Radiograph	300	250	200
Bitewing Radiograph	300	250	200
Occlusal Radiograph	400	350	300
OPG (Orthopantomograph)	600	500	400
CBCT Full FOV + TMJ	4,000	3,000	3,000
CBCT Full FOV (Both Jaws)	3,000	2,000	2,000
CBCT Sectional (One Jaw)	2,000	1,500	1,500
CBCT Sectional (1-3 Teeth)	1,500	1,000	1,000

RESTORATIONS (Per Tooth)

Procedure	Metro (X)	Class B (Y)	Class C (Z)
Temporary Restoration	500	400	300
GIC Restoration	1,000	900	800
Composite — 1 Surface	1,500	1,400	1,300
Composite — 2 Surface	2,000	1,900	1,800
Composite — 3 Surface	2,500	2,400	2,300
Pit & Fissure Sealant	1,000	900	800
Direct Composite Veneer	4,000	3,500	3,000
Fiber Post Bonding	2,500	2,000	1,800

PERIODONTAL THERAPY

Procedure	Metro (X)	Class B (Y)	Class C (Z)
Oral Prophylaxis (Full Mouth)	2,500	2,000	2,000
Flap Surgery (Quadrant)	5,000	4,000	3,500
Flap Surgery (Full Mouth)	20,000	16,000	14,000
Bone Graft Placement (1cc)	5,000	4,000	4,000
Curettage (2-3 teeth)	2,500	2,000	2,000
Splinting (3-6 teeth)	3,000	2,500	2,000
Gingivectomy (Quadrant)	5,000	4,000	4,000

ENDODONTIC THERAPY

Procedure	Metro (X)	Class B (Y)	Class C (Z)
RCT — Anterior Tooth	5,000	4,000	3,500
RCT — Premolar	5,500	5,000	4,500
RCT — Molar	6,000	5,500	5,000
RCT — Wisdom/Calcified Tooth	7,000	6,000	5,500
Custom Post Bonding	2,500	2,000	1,800

PROSTHODONTIC THERAPY

Procedure	Metro (X)	Class B (Y)	Class C (Z)
Provisional Acrylic Crown	1,500	1,000	1,000
Indirect Ceramic Veneer	5,000	4,000	4,000
Co-Cr + Ceramic Crown (Vita)	5,000	4,000	4,000
Zircon + Ceramic/Monolith Crown	8,000	7,000	7,000
Co-Cr Metal Crown	4,000	3,500	3,500
Implant Ceramic Crown	8,000	7,500	7,000
Complete Denture (U+L)	25,000	22,500	20,500
Flexible Partial Denture (1 quad)	6,000	5,500	5,000
Cast Partial Denture (1 quad)	6,000	5,500	5,000
Acrylic Partial Denture (1 quad)	5,000	4,500	4,000
Clear Night Guard (1 jaw)	4,000	3,500	3,000

ORTHODONTIC THERAPY

Procedure	Metro (X)	Class B (Y)	Class C (Z)
Non-SL Braces (Non-extraction)	35,000	32,000	29,000
Non-SL Braces (Extraction)	40,000	37,000	34,000
Self-Ligating Braces (Non-extraction)	45,000	42,000	39,000
Self-Ligating Braces (Extraction)	50,000	47,000	44,000
Clear Aligner (Non-extraction)	1,50,000	1,40,000	1,30,000
Clear Aligner (Extraction)	2,00,000	1,90,000	1,75,000
Clear Retainer (1 jaw)	5,000	4,500	4,000

ORAL SURGICAL THERAPY

Procedure	Metro (X)	Class B (Y)	Class C (Z)
Extraction — Anterior	2,000	1,500	1,300
Extraction — Premolar	2,500	2,000	1,800
Extraction — Molar	3,000	2,500	2,200
Implant Placement (Single)	35,000	32,000	30,000
Wisdom Tooth Extraction (Lower)	7,000	6,000	5,500
Wisdom Tooth Extraction (Upper)	5,000	4,500	4,000
Cyst Removal (1 site)	7,000	6,000	5,500
Frenectomy (1 site)	4,000	3,500	3,500
Apicectomy	6,000	5,500	5,000

TMJ Relocation (Non-surgical)	5,000	4,000	3,500
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PEDODONTIC THERAPY

Procedure	Metro (X)	Class B (Y)	Class C (Z)
Extraction of Milk Tooth	1,500	1,200	1,000
Endodontic Tx (Milk Tooth)	5,000	4,000	4,000
Preformed Metal Crown	4,000	3,500	3,000
Space Maintainer (1 quad)	5,000	4,000	4,000
Myofunctional Appliances	15,000	14,000	13,000
Fluoride Therapy (1 jaw)	5,000	4,500	4,000
Habit Breaking Appliance	5,000	4,500	4,000

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