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Newborn Well Visit

Post partum depression screening \$5
Newborn genetic disease screen \$5

2m, 4m and 6m Visit

Post partum depression screening \$5

9m Visit

Vision Screening \$15
Fluoride, if applicable \$15
Lead screening \$10 and Hemoglobin \$10
Developmental Survey \$5

12m Visit

Vision Screening \$15
Fluoride, if applicable \$15
Lead screening / follow up hemoglobin, if applicable

15m Visit

Vision Screening \$15
Fluoride application \$15

18m Visit

Vision Screening \$15
Developmental surveys x 2 \$5each
Fluoride application \$15

24m Visit

Vision Screening \$15
Lead Screening, if applicable \$10
Developmental survey \$5
Fluoride application, if applicable \$15

30m Visit

Vision Screening \$15
Developmental survey \$5
Fluoride application, if no dental visit yet \$15

Yearly Visits from age 3y – 11yr

Hearing screen, if child is able \$20
Vision Screening, if no ongoing eye care \$15

Yearly Visits from age 12y – 18yr

Hearing screen \$20
Vision Screening if no ongoing eye care \$10
Depression survey \$5
Drug and Alcohol survey \$5

**Fluoride applications are recommended by the US Preventative Task Force every 3-6m, to start at eruption of first tooth.

**All noted screens are following guidelines set forth by USPTF and/or AAP (American Academy of Pediatrics). Please speak with your doctor if you have any concerns regarding these surveys and screening tools.