



## Well Visit Screening and Price Lists

### 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

\*\* Forms fee \$5 for any school physical form that is printed out at TVP. No charge for forms brought in by parents.

\*\*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.