1962. No. 182 **[C]**

HEALTH SERVICES

General Dental Services

REGULATIONS, DATED 17TH OCTOBER, 1962, MADE BY THE MINISTRY OF HEALTH AND LOCAL GOVERNMENT UNDER THE HEALTH SERVICES ACT (NORTHERN IRELAND), 1948.

The Ministry of Health and Local Government, in exercise of the powers conferred on it by sections 11 and 80 of the Health Services Act (Northern Ireland), 1948(**a**), and of all other powers enabling it in that behalf, hereby makes the following regulations:—

1. These regulations may be cited as the Health Services (General Dental Services and General Dental Services Fees) (Amendment) Regulations (Northern Ireland), 1962, and shall come into operation on the 1st November, 1962.

2. These regulations shall not apply to general dental services provided under a contract or arrangement entered into or made before 1st November, 1962, and such services shall be subject to the provisions of the regulations in force immediately before the coming into operation of these regulations.

General Dental Services

3. The Health Services (General Dental Services) Regulations (Northern Ireland), 1948(**b**), as amended(**c**) shall be further amended as follows:—

(*a*) In sub-paragraph 2 of paragraph 7A of the First Schedule thereto after the words "or (*e*) hereof" shall be inserted "(*g*) one x-ray".

(*b*) For the Second Schedule thereto (which prescribes treatment for which the prior approval of the Dental Estimates Committee is required) there shall be substituted the schedule contained in the First Schedule to these regulations.

(*c*) In the explanatory notes contained in the modified estimate form set out in Part V of the Fourth Schedule beneath note "(*f*)" shall be inserted "(*g*) one x-ray".

Fees

4. The Health Services (General Dental Services Fees) Regulations (Northern Ireland), 1948(**d**), as amended(**e**) shall be further amended as follows:—

For the Schedule thereto (which prescribes a scale of fees and conditions with regard to materials) there shall be substituted the Schedule contained in the Second Schedule to these regulations:

Provided that each dentist who was on the list of the General Health Services Board at 31st December, 1961, shall receive an additional sum

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(**a**) 1948, c. 3. (**b**) S.R. & O. (N.I.) 1948, No. 157.
(**c**) The relevant amending instruments are:—S.R. & O.'s (N.I.) 1949, No. 78; 1951, No. 47; 1952, Nos. 17 and 223; 1953, No. 145.
(**d**) S.R. & O. (N.I.) 1948, No. 160.
(**e**) The relevant amending instruments are:—S.R. & O.'s (N.I.) 1949, Nos. 5, 78; 1951, No. 47; 1952, No.17.

amounting to 4 per cent. of the gross fees determined under regulations 3 and 4 and payable to him by the Board in respect of general dental services provided under a contract or arrangement entered into or made during the period from 31st October, 1962, to 31st March, 1963, and amounting to 2 per cent. of the gross fees determined under regulations 3 and 4 and payable to him by the Board in respect of General Dental Services provided under a contract or arrangement entered into or made during the period from 31st March, 1963, to 30th June, 1963.

5. The following Regulations are hereby revoked:—

The Health Services (General Dental Services Fees) (Amendment) Regulations (Northern Ireland), 1949(**a**);

The Health Services (General Dental Services) (Amendment) (No. 2) Regulations (Northern Ireland), 1949(**b**);

Regulation 4 of the Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1951(**c**);

Regulation 4 of the Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1952(**d**);

Regulation 3 of the Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1953(**e**);

The Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1954(**f**);

The Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1955(**g**);

The Health Services (General Dental Services Fees) (Amendment) Regulations (Northern Ireland), 1956(**h**);

The Health Services (General Dental Services Fees) (Amendment) Regulations (Northern Ireland), 1957(**i**);

The Health Services (General Dental Services Fees) (Amendment) (No. 2) Regulations (Northern Ireland), 1957(**j**);

The Health Services (General Dental Services Fees) (Amendment) Regulations (Northern Ireland), 1958(**k**); and

Regulations 2(4) and 3 of the Health Services (General Dental Services) (Amendment) Regulations (Northern Ireland), 1960(**l**).

Sealed with the Official Seal of the Ministry of Health and Local Government for Northern Ireland this 17th day of October, nineteen hundred and sixty-two.

(L.S.)

Wm. J. Morgan,
Minister of Health and Local Government.

The Ministry of Finance for Northern Ireland hereby approves the foregoing Regulations.

Sealed with the Official Seal of the Ministry of Finance for Northern Ireland this 17th day of October, nineteen hundred and sixty-two.

(L.S.)

Terence O'Neill,
Minister of Finance.

(**a**) S.R. & O. (N.I). 1949, No. 2.
(**b**) S.R. & O. (N.I.) 1949, No. 87.
(**c**) S.R. & O. (N.I.) 1951, No. 47.
(**d**) S.R. & O. (N.I.) 1952, No. 17.
(**e**) S.R. & O. (N.I.) 1953, No. 145.
(**f**) S.R. & O. (N.I.) 1954, No. 138.
(**g**) S.R. & O. (N.I.) 1955, No. 79.
(**h**) S.R. & O. (N.I.) 1956, No. 27.
(**i**) S.R. & O. (N.I.) 1957, No. 69.
(**j**) S.R. & O. (N.I.) 1957, No. 99.
(**k**) S.R. & O. (N.I.) 1958, No. 205.
(**l**) S.R. & O. (N.I.) 1960, No. 134.

FIRST SCHEDULE
"SECOND SCHEDULE
Treatment for which the prior approval of the Dental Estimates Committee is required

A *Category and Item No. in Scale of Fees*		B *Item of Treatment*
I. Diagnosis	2(*a*) and (*b*)	Radiological examination involving four or more intra-oral films, or two or more extra-oral films, or two or more intra-oral films together with one or more extra-oral films.
II. Conservative Treatment	3	Scaling and gum treatment where the last course of treatment in respect of which provision was made for payment under item 3 to the same practitioner† commenced at any time during any of the 5 months preceding the month in which the further treatment is to be done.
	3(*b*)	Scaling and gum treatment to be followed by extraction of the teeth charted for scaling, gum treatment and extraction during the same course of treatment.
	4	Prolonged gum treatment.
	5	Gingivectomy.
	9	Inlays (except refixing, recementing or refacing inlays).
	10	Crowning of permanent teeth (other than the initial provision under item 10(*f*)(i) or (ii) of one synthetic resin or porcelain post or dowel crown with or without diaphragm where only a single crown is required during a course of treatment, and other than refixing or recementing a crown).
III. Surgical Treatment	11	Extractions necessitating the supply of dentures (other than the extraction of all the remaining teeth of a patient aged 35 years or over).
	12	Alveolectomy; removal of a cyst, buried root, impacted tooth, etc.; surgery on soft tissue.
	13(*a*)(iii)	Administration of a special anaesthetic (e.g., intratracheal), in connection with treatment under item 11, where essential owing to the medical condition of the patient and the anaesthetic is administered by a doctor or dentist other than the dentist carrying out the extraction.—
	13(*b*)	General anaesthetic administered in connection with item 12 of the scale of fees.

†Reference in this schedule to dental treatment by the same practitioner shall include also dental treatment by his principal or the partner of either, or by the assistant of any of them.

A *Category and Item No. in Scale of Fees*		B *Item of Treatment*
IV. Dentures and Special Appliances	14	Provision of dentures in vulcanite or synthetic resin (other than the initial provision of full upper and lower dentures following the extraction during the same course of treatment of all the remaining teeth of a patient aged 35 years or over).
	15(*a*)	Relining of dentures in vulcanite or synthetic resin accompanied by repairs and/or additions.
	15(*b*)	Addition of soft lining or soft partial lining to a new or existing vulcanite or synthetic resin denture where this is required on account of the abnormal anatomical condition of the patient's alveolus.
	15(*c*)	Replacement or refitting of soft lining or soft partial lining which has been provided on account of the abnormal anatomical condition of the patient's alveolus.
	18	Backing or posting and tagging of teeth on non-metallic based dentures.
	19(*a*)(i)	Provision of dentures in stainless steel.
	19(*a*)(i)	Provision of dentures in chrome cobalt.
	19(*a*)(ii)	Provision of dentures in precious metal alloy containing less than 60 per cent. fine gold.
	19(*a*)(ii)	Provision of dentures in precious metal alloy containing 60 per cent. or more fine gold.
	19(*b*)	Repairs to metal dentures at a cost of more than £1 14s. 6d.
	19(*c*)	Additions to metal dentures.
	20(*a*)	Provision of obturators.
	20(*b*)	Repairs to obturators at a cost of more than £1 14s. 6d.
	21	Treatment involving splints or other appliances, except repairs at a cost of not more than £1 14s. 6d.
V. Treatment special to children and young persons	22(*c*)(i)	Conservation by preparation of self-cleansing areas followed by applications of silver nitrate or similar medicaments where the treatment occurs within 12 months of similar treatment to the same surface by the same practitioner.†

†Reference in this schedule to dental treatment by the same practitioner shall include also dental treatment by his principal or the partner of either, or by the assistant of any of them.

A *Category and Item No. in Scale of Fees*		B *Item of Treatment*
	22(*c*)(ii)	Conservation by topical application of obtundents and coagulents where the treatment occurs within 12 months of similar treatment by the same practitioner.†
	23(*a*)(i)	Removal of calculus and other deposits from the teeth of children aged 9 years or over at the beginning of a course of treatment where the last course of treatment in respect of which provision was made for payment under item 23(*a*) or (*b*) to the same practitioner† commenced at any time during any of the 5 months preceding the month in which the further treatment is to be done.
	23(*a*)(ii)	Removal of calculus and other deposits from the teeth of children under the age of 9 years at the beginning of a course of treatment.
	23(*b*)	Removal of calculus where in exceptional cases it is present to an abnormal degree.
	23(*c*)	Removal of stain where a fee for such treatment has already been paid to the same practitioner.†
	24(*a*)	Orthodontic treatment other than repairs to orthodontic appliances.
VI. General Items	30	Any treatment not included in items 1-29 of the scale of fees."

†Reference in this schedule to dental treatment by the same practitioner shall include also dental treatment by his principal or the partner of either, or by the assistant of any of them.

SECOND SCHEDULE

"SCHEDULE

Scale of Fees for Dental Treatment and Conditions with respect to Materials

PART I. DIAGNOSIS

1. *Clinical examination and report:* 6s. 6d.
Provided that:—

(1) only one fee shall be payable during a course of treatment;

(2) no fee shall be payable for:—
(*a*) an examination in respect of repairs to dentures for edentulous patients,
(*b*) a group examination in schools or institutions,
(*c*) an examination of a person aged 21 years or over if the same practitioner† has been paid or is entitled to be paid for an examination and report on that person at any time during any of the 5 months preceding the month during which a further examination is made,
(*d*) an examination of a person under 21 years of age if the same practitioner† has been paid or is entitled to be paid for an examination and report on that person made on or after the preceding 1st February, 1st June or 1st October, whichever of these dates last occurred;

(3) in the case of a woman who is, or has been, pregnant and who is not edentulous, a fee shall be payable for one examination during the period of pregnancy and 12 months thereafter, additional to the examinations for which payment may otherwise be made under this item and all such examinations may be carried out at any time during the said period.

2. *Radiological examination and report:*
Fees per course of treatment:—

(*a*) Intra-oral films:	
1 film	7s. 6d.
*2 films	10s. 0d.
*Each additional film	2s. 6d. up to a maximum of £1 15s. 0d.
(*b*) Extra-oral films:	
*1 film	10s. 6d.
*Each additional film	6s. 0d. up to a maximum of £1 2s. 6d.

Provided that the Dental Estimates Committee may require that the X-ray films or duplicates be submitted to them before payment is made.

†Reference in this scale of fees to dental treatment by the same practitioner shall include also dental treatment by his principal or the partner of either, or by the assistant of any of them.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

PART II. CONSERVATIVE TREATMENT

3. *Scaling and gum treatment* for persons aged 16 years or over at the beginning of a course of treatment, including the removal of calculus and other deposits from the teeth, and the provision of prophylactic or other necessary treatment for all ordinary or simple disorders of the gums:	
(*a*) Scaling and gum treatment (except cases under (*b*)).	12s. 6d.
*(*b*) Scaling and gum treatment to be followed by extraction of the teeth charted for scaling, gum treatment and extraction, during the same course of treatment.	Such fee as the Dental Estimates Committee may approve, not exceeding 12s. 6d.

*Provided that no fee shall be payable where the last course of treatment in respect of which provision was made for payment under item 3 to the same practitioner† commenced at any time during any of the 5 months preceding the month in which the further treatment is to be done, unless the prior approval of the Dental Estimates Committee has been obtained.

*4. *Prolonged gum treatment* including scaling which may also include correction of simple traumatic occlusion:	Such fee as the Dental Estimates Committee may approve within a range of £2 0s. 0d. to £4 0s. 0d.
*5. *Gingivectomy:*	
Fee for treatment relating to first 2 adjacent teeth.	£1 1s. 0d.
Fee for treatment relating to additional teeth, per tooth.	5s. 0d.
6. *Fillings* (including any dressings), except fillings in deciduous teeth of children under 16 years. The fillings to which this scale applies shall be permanent in character.	
Fee per filling:—	
(*a*) amalgam filling in:	
(i) a single surface cavity	12s. 6d. with a maximum of 12s. 6d. for two or more such fillings in any one surface of a tooth and a maximum of 18s. 0d. for two or more such fillings per tooth not all in one surface.
(ii) a mesial-occlusal-distal cavity inclusive of any extension of such a cavity in a molar or pre-molar tooth.	£1 15s. 0d.
(iii) a mesial-occlusal or distal-occlusal cavity inclusive of any extension of such a cavity into the lingual or buccal surfaces or both in a molar or pre-molar tooth.	£1 2s. 6d. with a maximum for a combination of such fillings of £1 15s. 0d. per tooth.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

†Reference in this scale of fees to dental treatment by the same practitioner shall include also dental treatment by his principal or the partner of either, or by the assistant of any of them.

(iv) a compound cavity other than a cavity covered by (ii) or (iii) above.	18s. 0d. with a maximum of £1 5s. 0d. for two or more such fillings per tooth.
(*b*) silicate, silico-phosphate or synthetic resin filling.	18s. 0d. with a maximum for two or more such fillings per tooth of £1 7s. 6d.

Provided that

(*a*) for combinations of the types of fillings set out below in the same tooth no fee shall be payable in excess of the amount shown opposite:—

1 or more of (*a*)(i) with 1 of (*a*)(iii)	£1 7s. 6d.
1 or more of (*a*)(i) with 1 of (*a*)(iv)	£1 3s. 0d.
1 or more of (*a*)(i) with 2 or more of (*a*)(iv)	£1 10s. 0d.
1 of (*a*)(iii) with 1 or more of (*a*)(iv)	£1 10s. 0d.

(*b*) no fee in excess of £2 0s. 0d. shall be payable for any combination of any of the types of fillings necessary in one tooth.

7. *Root treatment of permanent teeth,* including all attention in connection therewith but not including the provision of X-rays or the insertion of any filling in the crown of the tooth:

(*a*) treatment comprising either the devitalisation of the pulp of a tooth and the subsequent removal of the pulp followed by the necessary treatment and filling of each root canal of the tooth, or the treatment of septic root canals and the subsequent filling of each canal—	
Fee per single rooted non-septic tooth.	£1 10s. 0d.
Fee per multi-rooted or septic tooth.	£2 5s. 0d.
(*b*) vital pulpotomy, including any necessary dressing, fee per tooth.	£1 1s. 0d.
(*c*) apicetomy, including any necessary root treatment, fee per tooth.	£3 15s. 0d.

8. *Gold Fillings* (other than inlays) — £3 0s. 0d. per filling with a maximum for two or more such fillings per tooth of £4 10s. 0d.

9. *Inlays* (including any dressings):

	A Alloys containing 60% or more fine gold.	B Any other alloys.
*(*a*) metal inlay		
(i) a single surface cavity	£3 19s. 0d.	£3 13s. 6d.
(ii) a compound cavity	£5 0s. 0d.	£4 9s. 6d.
(iii) a compound cavity involving the incisal angle	£5 5s. 0d.	£4 14s. 6d.
(iv) a confluent compound cavity	£5 15s. 6d.	£5 5s. 0d.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

*(*b*) fused porcelain inlay	Such fee as the Dental Estimates Committee may approve within a range of £4 9s. 6d. to £8 13s. 6d.
*(*c*) provision of a facing of silicate or synthetic resin.	12s. 6d. per inlay.
(*d*) refixing, recementing or re-facing inlay.	12s. 6d. per inlay.
*(*e*) renewal or replacement of another inlay.	Such fee as the Dental Estimates Committee may approve, not exceeding the fee for a new inlay of the type being provided.

10. *Crowning of permanent teeth,* including any dressings but excluding root treatment:

*(*a*) Full veneer or jacket crown (on a vital or non-vital tooth):	
(i) gold, swaged or swaged/cast	£4 15s. 0d.
(ii) gold, cast to full shoulder preparation	£5 5s. 0d.
(iii) gold, cast to full shoulder preparation with facing of silicate or synthetic resin	£6 0s. 0d.
*(*b*) Three-quarter crown gold, cast	£5 15s. 6d.
*(*c*) Full veneer or jacket crown:	
(i) synthetic resin on a vital tooth	£4 10s. 0d.
(ii) synthetic resin on a non-vital tooth	£3 0s. 0d.
(iii) synthetic resin constructed on a cast gold core or thimble on a vital tooth.	£5 5s. 0d.
*(*d*) Full veneer or jacket crown:	
(i) porcelain on a vital tooth	£8 5s. 0d.
(ii) porcelain on a non-vital tooth	£6 0s. 0d.
(iii) porcelain constructed on a cast gold core or thimble on a vital tooth.	£9 0s. 0d.
*(*e*) (i) Synthetic resin veneer or jacket constructed on a cast gold core and post.	£5 5s. 0d
(ii) Porcelain veneer or jacket constructed on a cast gold core and post.	£7 0s. 0d.
*(*f*) Synthetic resin or porcelain post or dowel crown:	
(i) without diaphragm	£2 17s. 6d.
(ii) with diaphragm	£3 17s. 6d.
(iii) with gold post, diaphragm and backing.	£5 7s. 6d.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

*(*g*) Modifications to the above crowns, and other forms of crown not in the opinion of the Dental Estimates Committee included in the above items.	Such fee as the Dental Estimates Committee may approve not exceeding £9 0s. 0d.
(*h*) Refixing or recementing crown.	12s. 6d. per crown.
*(*i*) Repair of a crown.	Such fee as the Dental Estimates Committee may approve not exceeding two-thirds of the fee for a new crown of the type being repaired.
*(*j*) Renewal by a similar type of crown.	Such fee as the Dental Estimates Committee may approve not normally exceeding three-quarters of the fee for a new crown of the type being provided.
*(*k*) Replacement by a different type of crown.	Such fee as the Dental Estimates Committee may approve not exceeding the fee for a new crown of the type being provided.

PART III. SURGICAL TREATMENT.

*11. *Extractions:*

Fee per course of treatment:—

1 tooth		8s.	6d.	With a total additional fee of 2s. 0d. if teeth are extracted from more than one quadrant of the mouth.
2 teeth		9s.	6d.	
3, 4 or 5 teeth		11s.	6d.	
6, 7 or 8 teeth		15s.	6d.	
9, 10 or 11 teeth	£1	1s.	6d.	
12, 13 or 14 teeth	£1	5s.	6d.	
15, 16 or 17 teeth	£1	9s.	6d.	
18, 19 or 20 teeth	£1	13s.	6d.	
over 20 teeth	£1	19s.	6d.	

Provided that where an exceptional number of visits is necessary because of the abnormal systemic condition of the patient the Dental Estimates Committee may allow an additional fee not exceeding £1 17s. 6d. per course.

*12. (*a*) Alveolectomy, in either upper or lower jaw.	Such fee as the Dental Estimates Committee may approve up to a maximum of £3 3s. 0d. (or such higher fee as they may in special circumstances approve).
(*b*) Removal of a cyst, buried root, impacted tooth or grossly exostosed tooth, or other similar operation, including attention in connection therewith.	Such fee as the Dental Estimates Committee may approve up to a maximum of £7 10s. 0d. (or such higher fee as they may in special circumstances approve).

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

(*c*) Surgery on soft tissue, other than gingivectomy.	Such fee as the Dental Estimates Committee may approve up to a maximum of £1 11s. 6d. (or such higher fee as they may in special circumstances approve).

13. *Administration of a general anaesthetic:—*

(*a*) In connection with treatment under item 11:

(i) where a doctor or dentist other than the dentist carrying out the extraction administers the anaesthetic:

Fee per visit—

1 to 3 teeth extracted	10s. 0d.
4 to 11 teeth extracted	£1 0s. 0d.
12 to 19 teeth extracted	£1 10s. 0d.
20 teeth or over extracted	£2 0s. 0d.

(ii) where the anaesthetic is administered by the dentist carrying out the extraction:
Fee per patient per course of treatment. 7s. 6d.

*(iii) where the Dental Estimates Committee are satisfied that a special anaesthetic (e.g., intratracheal) is essential owing to the medical condition of the patient and the anaesthetic is administered by a doctor or dentist other than the dentist carrying out the extraction.	Such fee as the Dental Estimates Committee may approve not exceeding £4 4s. 0d. per course of treatment.

Provided that no fee exceeding £2 0s. 0d. per course of treatment shall be payable under (i), or (i) and (ii) combined, and no fee exceeding £5 0s. 0d. per course of treatment shall be payable for any combination of (iii) with (i), or with both (i) and (ii).

*(*b*) In connection with treatment under item 12 where a doctor or dentist other than the dentist carrying out the treatment administers the anaesthetic.	Such fee as the Dental Estimates Committee may approve not exceeding £2 0s. 0d.

Provided that where in special circumstances a special anaesthetic (e.g., intratracheal) is so administered the fee will be such fee as the Dental Estimates Committee may approve not exceeding £4 4s. 0d.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

PART IV. DENTURES AND SPECIAL APPLIANCES OTHER THAN ORTHODONTIC APPLIANCES

A. Dentures

Fees for the provision of dentures cover the provision of all necessary clasps, rests and strengtheners and all adjustments needed within a reasonable period of time after completion.

*14. *Dentures in vulcanite or synthetic resin:*

(*a*) full upper and full lower dentures	£9 16s. 6d.
(*b*) denture bearing 1, 2 or 3 teeth	£4 8s. 6d.
denture bearing 4 to 8 teeth	£5 4s. 0d.
denture bearing 9 to 14 teeth	£5 12s. 0d.

Provided that no fee for upper and lower dentures shall exceed £9 16s. 6d.

(*c*) additional fee for lingual or palatal bar—

(i) stainless steel	£1 2s. 0d.
(ii) gold or other approved material	Such fee as the Dental Estimates Committee may approve not exceeding £2 12s. 0d.

15. *Relining or rebasing of dentures,* or provision of soft linings to dentures, including all adjustments needed within a reasonable period of time after completion:

(*a*) relining or rebasing dentures — £2 0s. 0d. per denture.

*Provided that where relining is to be accompanied by repairs and/or additions the prior approval of the Dental Estimates Committee is required and the fee for all items shall be such fee as the Dental Estimates Committee may approve.

*(*b*) Addition of soft lining or soft partial lining to a new or existing vulcanite or synthetic resin denture where this is required on account of the abnormal anatomical condition of the patient's alveolus.	Such fee as the Dental Estimates Committee may approve not exceeding £2 0s. 0d. per denture.
*(*c*) Replacement or refitting of soft lining or soft partial lining which has been provided on account of the abnormal anatomical condition of the patient's alveolus.	Such fee as the Dental Estimates Committee may approve not exceeding £2 0s. 0d. per denture.

16. *Repairs:*—

(*a*) (i) repairing a crack or fracture, or

(ii) refixing or replacing a tooth (including any gum associated therewith) or

(iii) refixing or replacing a clasp (including any gum associated therewith) or

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

(iv) covering exposed pins.

One repair under (*a*) 15s. 0d.

(*b*) each additional repair under (*a*)(i)-(iv) 5s. 0d.

(*c*) renewal of gum not associated with repair under (*a*) 15s. 0d.

Provided that no fee in excess of £1 14s. 6d. per denture shall be payable under item 16 or for any combination of treatment under items 16 and 17.

17. *Additions:*

(*a*) addition of a clasp or tooth (including any gum associated therewith). £1 5s. 0d.

(*b*) addition of new gum not associated with addition under item 17(*a*). £1 5s. 0d.

Provided that no fee in excess of £1 14s. 6d. per denture shall be payable under item 17 or for any combination of treatment under items 16 and 17.

*18. *Backing or posting and tagging of teeth on non-metallic based dentures:* Fee per tooth in addition to the appropriate fee for a non-metallic based denture:—

(i) stainless steel. 11s. 6d.

(ii) chrome cobalt or a precious metal alloy containing less than 60 per cent. fine gold. 17s. 6d.

(iii) precious metal alloy containing 60 per cent. or more fine gold. £1 5s. 0d.

*19. *Metal dentures.* These dentures may not be provided until such period after extraction (normally not less than three months) as the dentist thinks fit:

(*a*) Fee per denture in:

	A Stainless Steel	B Chrome Cobalt
(i) Base metal alloys:		
Partial denture bearing 1, 2 or 3 teeth.	£7 17s. 6d.	£11 10s. 0d.
Partial denture bearing 4, 5 or 6 teeth.	£8 13s. 6d.	£12 10s. 0d.
Partial denture bearing 7, 8 or 9 teeth.	£9 9s. 0d.	£13 10s. 0d.
Partial denture bearing 10 or more teeth.	£10 5s. 0d.	£14 10s. 0d.
Full denture.	£8 18s. 6d.	£13 0s. 0d.
Additional fee where teeth are backed in any metal.	10s. 6d. per tooth up to a maximum of £2 2s. per denture.	17s. 6d. per tooth up to a maximum of £3 10s. per denture.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

	A Containing less than 60 per cent. fine gold.	B Containing 60 per cent. or more fine gold.
(ii) Precious metal alloys:		
Partial denture bearing 1, 2 or 3 teeth.	£11 10s. 0d.	£12 0s. 0d.
Partial denture bearing 4, 5 or 6 teeth.	£12 10s. 0d.	£14 0s. 0d.
Partial denture bearing 7, 8 or 9 teeth.	£13 10s. 0d.	£16 0s. 0d.
Partial denture bearing 10 or more teeth.	£14 10s. 0d.	£18 0s. 0d.
Full denture.	£13 0s. 0d.	£16 0s. 0d.
Additional fee where teeth are backed in any metal.	17s. 6d. per tooth up to a maximum of £3 10s. per denture.	£1 5s. 0d. per tooth up to a maximum of £4 12s. 6d. per denture.
(*b*) Repairs and (*c*) Additions	Fee appropriate to similar treatment to plastic or vulcanite dentures as covered by items 16 and/or 17 together with such additional fee, if any, as the Dental Estimates Committee may approve.	

B. Special Appliances

*20. (*a*) Obturators, fee per case in addition to appropriate denture fee.	Such fee as the Dental Estimates Committee may approve within a range of £3 0s. 0d. to £5 0s. 0d. or such additional fee as may be approved in special circumstances.
(*b*) Repairs to obturators.	Such fee as the Dental Estimates Committee may approve.
*21. Treatment involving splints or other appliances.	Such fee as the Dental Estimates Committee may approve.

PART V. TREATMENT SPECIAL TO CHILDREN AND YOUNG PERSONS

22. Conservative treatment of deciduous teeth of children under 16 years of age at the beginning of a course of treatment:

(*a*) by filling with amalgam, oxyphosphate cement or other similar materials:	
(i) single surface cavity, per filling	10s. 0d.
(ii) any other cavity, per filling	15s. 0d.
(*b*) by conservation of a molar with a preformed metal cap.	15s. 0d. per tooth.

Provided that no fee in excess of 15s. 0d. shall be payable for any combination of the above types of conservation necessary in one tooth.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

(*c*) by conservation by other means:

(i) by preparing self-cleansing areas followed by applications of silver nitrate or similar medicaments:

per tooth 7s. 6d.

maximum per patient £1 11s. 6d.

*Provided that no fee shall be payable under (i) where the treatment occurs within 12 months of similar treatment to the same surface by the same practitioner† unless, in exceptional circumstances, the approval of the Dental Estimates Committee is first obtained.

(ii) by topical applications of obtundents and coagulants:

per patient 7s. 6d.

*Provided that no fee shall be payable under (ii) where the treatment occurs within 12 months of similar treatment by the same practitioner† unless, in exceptional circumstances, the approval of the Dental Estimates Committee is first obtained.

(*d*) by vital pulpotomy, including necessary dressing, per tooth 10s. 6d.

23. (*a*) Removal of calculus and other deposits from the teeth of children under 16 years at the beginning of a course of treatment and the provision of necessary treatment for all ordinary or simple disorders of the gums. 5s. 6d.

*Provided that no fee shall be payable under item 23(*a*):

(i) where the last course of treatment in respect of which provision was made for payment under item 23(*a*) or (*b*) to the same practitioner† commenced at any time during any of the 5 months preceding the month in which the further treatment is to be done;

(ii) in respect of a patient under 9 years at the beginning of a course of treatment

unless the prior approval of the Dental Estimates Committee has been obtained.

*(*b*) Removal of calculus, where in exceptional cases calculus is present to an abnormal degree, from the teeth of children under 16 years at the beginning of a course of treatment, and the provision of necessary treatment for all ordinary or simple disorders of the gums. 12s. 6d.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

†Reference in this scale of fees to dental treatment by the same practitioner shall include also dental treatment by his principal or the partner of either, or by the assistant of any of them.

(*c*) Removal of stain including any necessary polishing. *Provided that (i) no further fee shall be payable for treatment under item 23(*c*) to the same practitioner† unless the prior approval of the Dental Estimates Committee has been obtained; and (ii) no fee shall be payable during a course of treatment where a fee is paid under item 23(*a*) or (*b*).	5s. 6d.
24. *(*a*) Orthodontic treatment of children and young persons under 18 years at the beginning of a course of treatment.	Such fee as the Dental Estimates Committee may approve.
(*b*) Repairs to orthodontic appliances.	Such fee as the Dental Estimates Committee may approve.

PART VI. GENERAL ITEMS

25. *Dressing of teeth in respect of a casual patient:*	
Fee for one tooth	8s. 6d.
Fee for two or more teeth	10s. 6d.
26. *Domiciliary visits where a patient's condition so requires:*	
Fee per visit to one or more patients at one address	10s. 0d.
27. *Treatment of sensitive cementum or dentine:*	
Fee per course	5s. 0d.
28. *Taking of material for pathological or bacteriological examination, etc.:*	
Fee per course	7s. 6d.
29. *Treatment for arrest of abnormal haemorrhage* including abnormal haemorrhage following dental treatment provided otherwise than as part of general dental services:	
Fee for arrest of bleeding or for administration of associated after care (e.g., removal of a plug or stitches) per visit	15s. 0d.

Provided that the same practitioner† who arrests bleeding may not also be paid for the administration of after care.

*30. Fee for any other treatment not included in this scale.	Such fee as the Dental Estimates Committee may approve.

*See second schedule to S.R. & O. (N.I.) 1948, No. 157, for treatment requiring prior approval.

†Reference in this scale of fees to dental treatment by the same practitioner shall include also dental treatment by his principal or the partner of either, or by the assistant of any of them.

PART VII. CONDITIONS WITH RESPECT TO MATERIALS

(1) All materials used shall conform to standards specified by the British Standards Institution where these exist.

(2) The nature of materials used or to be used shall be specified on an estimate for the provision of (*a*) a crown, (*b*) an inlay, (*c*) a filling with any material other than amalgam, and (*d*) the provision or repair of, or additions to, a metal denture.

(3) All filling materials shall be of first-grade quality and suitable for each individual cavity. Cements, synthetic resins, and copper amalgam may be used for the conservation of deciduous teeth. Silicate and silico-phosphate cements or self-polymerising synthetic resin filling materials shall be regarded as permanent filling materials for permanent teeth where they are used in anterior teeth, but shall not be so regarded, or so used, in teeth posterior to the canines (other than first and second premolars where occlusal stresses are not involved), unless the prior approval of the Dental Estimates Committee has been obtained. Other cements, and copper amalgam shall not be regarded as permanent filling materials for permanent teeth, or so used, unless in special circumstances the prior approval of the Dental Estimates Committee has been obtained. For the purposes of this paragraph cements shall be taken to include all filling materials which consist of powders in combination with liquids other than mercury.

(4) All materials used in dentures shall be of first grade quality. A plastic material other than vulcanite shall be used for the denture base or addition to a denture only if it is of a brand approved for the time being by the Ministry.

(5) Where pin teeth are used for vulcanite or other plastic base dentures, all pins shall be of precious metal, or nickel cased with gold or other precious metal, or nickel alloy cased with gold or other precious metal. Pins sheathed with gold anchored within the porcelain are within this specification. The teeth, whether porcelain or synthetic resin, shall be of first-grade quality.

(6) Porcelain diatoric anterior teeth may only be used in vulcanite or plastic base dentures when artificial gum is necessary.

(7) Strengtheners shall be compatible with the denture base materials used and not liable to change in the mouth.

(8) Bands and clasps shall be of either—

(*a*) alloys containing not less than 40 per cent. of fine gold, platinum or palladium, and including not less than 15 per cent. of gold, and not more than 20 per cent. of base metal, or

(*b*) stainless steel, or

(*c*) such other material as may be approved for the time being by the Ministry.

Bands shall be not less than No. 7 gauge in thickness.

(9) In cases of close bite where porcelain or plastic teeth cannot be used, cusps of the following materials may be used—

(*a*) alloys containing not less than 33⅓ per cent. of fine gold, platinum or palladium and not more than 20 per cent. of base metal, or

(*b*) stainless steel, or

(*c*) such other material as may be approved for the time being by the Ministry.