

Menu Items

Physical / Medical

Preventive / routine

- ☐ Annual wellness visit / physical exam
- ☐ Blood pressure check
- ☐ Cholesterol/lipid panel
- ☐ Blood sugar / A1C test
- ☐ Flu shot
- ☐ COVID-19 booster
- ☐ Tdap booster (tetanus, diphtheria, pertussis)
- ☐ HPV vaccine series
- ☐ Pap smear / cervical cancer screening
- ☐ Screening mammogram
- ☐ Colonoscopy (screening)

Diagnostic tests & imaging

- ☐ Basic bloodwork panel (CBC + metabolic panel)
- ☐ STI/STD panel
- ☐ Pregnancy test (lab)
- ☐ Chest X-ray
- ☐ Single-area X-ray (arm/leg)
- ☐ Ultrasound (non-pregnancy)
- ☐ MRI scan (one body area)
- ☐ CT scan (one body area)

Visits & acute care

- ☐ Primary care visit for new problem
- ☐ Specialist visit (cardiology, neurology, etc.)
- ☐ Urgent care visit
- ☐ Emergency room visit
- ☐ Ambulance transport

Dental

Preventive

- ☐ Routine dental exam & cleaning
- ☐ Bitewing X-rays (routine set)
- ☐ Panoramic X-ray

Restorative

- ☐ Silver/amalgam filling (one surface)
- ☐ Tooth-colored filling (one surface)
- ☐ Root canal – front tooth
- ☐ Root canal – molar
- ☐ Dental crown (porcelain or porcelain-fused-to-metal)
- ☐ Simple tooth extraction
- ☐ Surgical extraction (impacted tooth)
- ☐ Single dental implant with crown
- ☐ Partial denture (one arch)
- ☐ Full denture (one arch)

Cosmetic / elective

- ☐ In-office teeth whitening
- ☐ Take-home whitening trays
- ☐ Veneer (per tooth)
- ☐ Cosmetic bonding (per tooth)

Orthodontic / alignment

- ☐ Traditional metal braces (2 years, full treatment)
- ☐ Clear aligners / Invisalign (full case, ~2 years)

Emergency

- ☐ Emergency visit for severe toothache

- ☐ Emergency visit broken/ knocked-out tooth

Mental & Behavioral Health

Outpatient visits

- ☐ Initial psychiatric evaluation (medication assessment)
- ☐ 60-minute individual therapy session
- ☐ 45-minute individual therapy session
- ☐ Group therapy session
- ☐ Couples / family therapy session

Higher-level care

- ☐ Intensive Outpatient Program (per day)
- ☐ Partial Hospitalization Program (per day)
- ☐ Inpatient psychiatric hospitalization (per day)

Screening / assessments

- ☐ Depression screening (PHQ-9)
- ☐ Anxiety screening (GAD-7)
- ☐ ADHD diagnostic evaluation (psychological testing)

Gender-Affirming Care

- ☐ Chest binder
- ☐ Hormone therapy visit + labs (ongoing care, per year)
- ☐ Puberty blockers (per year)
- ☐ Top surgery (chest masculinization or breast augmentation)
- ☐ Vaginoplasty / bottom surgery (average single procedure)