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Carrer Francesc Pérez Cabrero, 19-21 Entl, 08021 Barcelona

DENTAL CLINIC

APPOINTMENTS AND DENTAL CLEANING

PRICE

FIRST APPOINTMENT - NEW PATIENT (During this visit, the dentist will establish a diagnosis & treatment plan. Two digital intra-oral x-rays are included. The visit usually takes about 45min.)* **70,00**

FIRST APPOINTMENT & PANORAMIC X-RAY* (During this visit, the dentist will establish a diagnosis & treatment plan. A panoramic x-ray will allow for a clear overall view of bone levels, all the teeth, including unerupted teeth and presence of any other suspected pathology that cannot be seen with simple intra-oral x-rays)* **110,00**

FIRST APPOINTMENT / ANNUAL CHECK-UP & CLEANING* **120,00**
If during the FIRST APPOINTMENT you decide to go ahead and have a treatment other than a cleaning done (cavity filled, extractio etc.) then the FIRST APPOINTMENT will not be charged. Only the treatment will then be charged).

EMERGENCY DENTAL APPOINTMENT (appointment given within 2h of request) / Bank Holiday. **120,00**

CLEANING / DENTAL HIGIENE **80,00**

ANNUAL CHECK-UP (returning patients), includes 2 intra-oral x-rays* **70,00**

*All x-rays are digital and will be provided for you to keep after your visit.

A PANORAMIC x-ray and intra-oral x-rays, are tools that are necessary for making a full and correct diagnosis. They allow to see in detail what is occurring on the inside of your teeth and the surrounding bone, such as caries and periodontitis, which would be impossible without them. They complete the intra-oral (physical) examination of a part or the whole of the dentition.

DENTAL APPOINTMENT BANK HOLIDAYS **120,00**

RADIOLOGY*

PERIAPICAL X-RAY **20,00**

SINGLE BITEWING **20,00**

LEFT AND RIGHT BITEWING **30,00**

PANORAMIC X-RAY **70,00**

SERIED PERIAPICALS (to evaluate in detail the bone level of each tooth in case of past or active periodontal disease) **75,00**

*All x-rays are digital and will be provided for you to keep after your visit.

A PANORAMIC x-ray and intra-oral x-rays, are tools that are necessary for making a full and correct diagnosis. They allow to see in detail what is occurring on the inside of your teeth and the surrounding bone, such as caries and periodontitis, which would be impossible without them. They complete the intra-oral (physical) examination of a part or the whole of the dentition.

DENTAL EMERGENCIES



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EMERGENCY DENTAL APPOINTMENT (appointment given within 2h of request) / Bank Holiday.	120,00
CROWN / CROWN AND POST RE-CEMENTING	40,00
SCALE AND ROOT PLANING - SINGLE TOOTH	50,00
ROOT CANAL DRESSING	55,00
PERIAPICAL X-RAY	20,00
PANORAMIC X-RAY	70,00

Panoramic and intra-oral x-rays are tools necessary for making a correct diagnosis and treatment plan. They allow to see in detail what is occurring on the inside of tooth and bone structures that is otherwise not possible to visualize by simple physical examination. They complement the intra and extra-oral observations and allow the dentist to evaluate individual elements (implants, crowns, impacted wisdom teeth, maxillary sinuses, tooth eruption, cavities) and general full mouth conditions such as periodontal disease.

FILLINGS

FILLING - ONE SURFACE	80,00
FILLING - TWO SURFACES	110,00
FILLING - THREE SURFACES	130,00
ESTHETIC RECONSTRUCTION - COMPOSITE	190,00
DIRECT COMPOSITE INLAY	180,00
CERVICAL RECONSTRUCTION	90,00
POST AND CORE (DIRECT)	150,00
REPAIR FRACTURED TOOTH	250,00

PEDIATRIC DENTISTRY

PIT AND FISSURE SEALANTS*	40,00
PEDIATRIC TOOTH FILLING	75,00
PEDIATRIC TOOTH FILLING - INCISAL EDGE	80,00
PEDIATRIC METAL CROWN	80,00
PULPECTOMY & FILLING	230,00
PULPOTOMY & FILLING	150,00
BABY TOOTH EXTRACTION	45,00

*Pit and fissure sealants are one of several methods for staving off the decay that leads to dental caries.

TOOTH WHITENING / BLEACHING



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SERINGE OF WHITENING GEL (OPALESCENCE 16%)	70,00
HOME BLEACHING	480,00
<i>WITH CUSTOMIZED TRAYS, 1-2 WEEKS NIGHT TIME WEAR, INCLUDES 2 SERINGES WITH OPTION TO PURCHASE AN ADDITIONAL SERINGE (Carbamide Peroxide 16%)</i>	
IN-OFFICE / CHAIRSIDE BLEACHING	550,00
<i>carried out in the dental office, 3-4 sessions (Carbamide Peroxide 30%)</i>	
COMBINATION WHITENING (2 sessions in-office and 1-2 seringes for at home use=	650,00
<i>Proven to give the best and longest lasting results)</i>	
INTERNAL BLEACHING / TOOTH (INCLUDES 2 SESSIONS)	90,00
<i>For single discoloured root canal treated tooth</i>	

ENDODONTICS / ROOT CANAL TREATMENTS

APEX FORMATION TREATMENT	25,00
PULPECTOMY	70,00
ROOT CANAL DRESSING	55,00
ROOT CANAL TREATMENT - SINGLE ROOT (FRONT TEETH)	280,00
ROOT CANAL TREATMENT - DOUBLE ROOT (PREMOLAR TEETH)	340,00
ROOT CANAL TREATMENT - MULTIPLE CANALS AND ROOTS (MOLAR TEETH)	340,00
ROOT CANAL RETREATMENT - SINGLE ROOT (FRONT TEETH)	380,00
ROOT CANAL RETREATMENT DOUBLE ROOT (PREMOLAR TEETH)	440,00
ROOT CANAL RETREATMENT - MULTIPLE CANALS AND ROOTS (MOLAR TEETH)	440,00
CALCIUM HYDROXIDE DRESSING	50,00
MTA ROOT CANAL DRESSING	70,00
POST REMOVAL FROM ROOT	50,00

CROWNS & VENEERS

TEMPORARY CROWN / VENEER	65,00
CERAMIC VENEER CLASSIC (SINGLE TOOTH)	640,00
CERAMIC VENEER CLASSIC (2-6 TEETH) - PRICE PER TOOTH	620,00
CERAMIC VENEER CLASSIC (6+ TEETH) - PRICE PER TOOTH	600,00
CERAMIC VENEER PREMIUM (SINGLE TOOTH) - PRICE PER TOOTH	750,00
CERAMIC VENEER PREMIURM (2-6TEETH) - PRICE PER TOOTH	720,00
CERAMIC VENEER PREMIUEM (6+ TEETH) - PRICE PER TOOTH	700,00
COMPOSITE VENEER	450,00
METAL-CERAMIC CROWN - IMPLANT SUPPORTED	495,00
FULL CERAMIC CROWN - IMPLANT SUPPORTED	800,00
FULL CERAMIC CROWN	600,00
FULL CERAMIC CROWN - FRONT TOOTH	900,00
INLAY - COMPOSITE	385,00
INLAY - CERAMIC	545,00
DIAGNOSTIC SET-UP / ARCH	130,00
DIAGNSTIC ESTHETIC SET-UP FOR SMILE DESIGN	200,00

PERIODONTAL TREATMENTS / GUM TREATMENTS



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PERIODONTOGRAMME	40,00
SCALE & ROOT PLANE - SINGLE TOOTH	50,00
SCALE & ROOT PLANE - PER QUADRANT	120,00
GINGIVECTOMY / TOOTH	95,00
PERIODONTAL MAINTENANCE	120,00
IMPLANT MAINTENANCE	50,00
PERIODONTAL SPLINT	240,00
TRANSPARENT REMOVABLE RETAINER	220,00

TOOTH EXTRACTIONS

PERMANENT TOOTH EXTRACTION	95,00
ROOT REMNANT EXTRACTION	120,00

ORAL & MAXILLO-FACIAL SURGERY

BIOPSY	32,30
WISDOM TOOTH EXTRACTION - SIMPLE	180,00
SURGICAL WISDOM TOOTH EXTRACTION - COMPLEX	280,00
GUIDED BONE REGENERATION EMDOGAIN & SYNTHETIC BONE	970,00
QUISTECTOMY	90,00
BICHECTOMY	1500,00

DENTAL IMPLANTS

FIRST APPOINTMENT (NEW PATIENT)	120,00
FOLLOW-UP / REVISION	30,00
EMERGENCY APPOINTMENT	120,00
IMPLANT PLANNING WITH 3D SIMULATION SOFTWARE FOR MULTIPLE IMPLANTS	200,00
SURGICAL GUIDE	200,00
IMPLANT	170,00
IMPLANT PLACEMENT PROCEDURE	800,00
SCAR SCREW IMPLANT	60,00
MEMBRANE BIOGUIDE	200,18
BONE GRAFT BIOOS	442,00
SINUS LIFT (DOES NOT INCLUDE IMPLANT, BONE GRAFT AND MEMBRANE)	1 000,00
SECOND PHASE IMPLANTS / TOOTH	070,00
PIEZOELECTRIC OSTEOTOMY (TWO ARCHES)	600,00

MOUTH & NIGHT GUARDS

SPORTS MOUTH GUARD	234,00
SLEEP APNEA APPLIANCE	1 250,00
TMJ NIGHT GUARD	450,00
ANNUAL MAINTENANCE NIGHT GUARD	50,00



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REMOVABLE DENTAL PROSTHESES

METAL FRAME - SINGLE ARCH WITH LOCATOR	1 450,00
REMOVABLE DEFLEX DENTURE	750,00
REMOVALBE METAL DENTURE	650,00
INMEDIATE PARTIAL DENTURE	690,00
FULL DENTURE	900,00
SOFT RELINGING FULL DENTURE	320,00

ORTHODONTICS CHILDREN (mixed dentition)

FIRST APPOINTMENT (NEW PATIENT) - child	00,00
ORTHODONTIC DIAGNOSIS AND TREATMENT PLAN (includes 2 extra oral x-rays*)	120,00
SPACE MAINTAINER	590,00
REMOVABLE OR FIXED MIXED DENTITION APPLIANCE / EXPANSION PLATE	ENTRE 590,00 - 1350,00
ORTHODONTIC ADJUSTEMENT APPOINTMENT (mixed dentition)	50,00

ORTHODONTICS ADOLESCENTS & ADULTS (permanent dentition)

FIRST APPOINTMENT (NEW PATIENT) - adult	00,00
ORTHODONTIC DIAGNOSIS AND TREATMENT PLAN (includes 2 extra oral x-rays*)	120,00
DIGITAL SURGICAL ORTHODONTIC (ORTHOGNATHIC) TREATMENT PLAN	300,00
FIXED APPLIANCE ADJUSTMENT APPOINTMENT - DAMON INSIGNIA	120,00
LINGUAL ORTHODONTIC ADJUSTEMENT APPOINTMENT	180,00
FIXED ORTHODONTIC APPLIANCE - METAL BRACES	ENTRE 3500 - 4500
FIXED ORTHODONTIC APPLIANCE - ESTHETIC CERAMIC BRACES	ENTRE 3700 - 4700
INVISALIGN	ENTRE 1700 - 5500
LINGUAL ORTHODONTICS APPLIANCE	ENTRE 1710 - 6800
PANORAMIC X-RAY	70,00
LATERAL SKULL X-RAY	70,00
ORTHODONTIC EMERGENCY (NEW PATIENT)	70,00
FIXED RETENTION / ARCH - 5 YEAR GUARANTEE	220,00
REMOVABLE RETENTION / ARCH - 5 YEAR GUARANTEE	220,00
REMOVABLE INVISALIGN RETENTION - SINGLE ARCH	340,00
REMOVABLE INVISALIGN RETENTION - BOTH ARCHES	480,00
PAOO - PERIODONTALLY ACCELERATED OSTEOGENIC ORTHODONTICS	600,00

MEDICAL CENTER

GENERAL MEDICINE / FAMILY DOCTOR

FIRST TIME APPOINTMENT GENERAL MEDICINE - NEW PATIENT	90,00
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REGULAR APPOINTMENT - RETURNING PATIENT	80,00
DOUBLE APPOINTMENT - REGULAR APPOINTMENT & FOLLOW UP APPOINTMENT (in case blood tests / x-rays/ scans required for diagnosis and/ treatment)	130,00
TELECONSULTATION (ONLINE)	50,00
HOME VISIT DAYTIME	150,00
HOME VISIT NIGHT TIME	175,00
EMERGENCY APPOINTMENT (provided within 2h of request)	120,00
APPOINTMENT SATURDAYS & BANK HOLIDAYS	120,00
VACCINE ADMINISTRATION (cost of vaccine not included)*** see vaccine price list below	30,00
MEDICAL REPORT	30,00
GENERAL ANNUAL HEALTH CHECK MEN UNDER 40 **	510,00
GENERAL ANNUAL HEALTH CHECK MEN OVER 40**	1009,00
GENERAL ANNUAL HEALTH CHECK WOMER UNDER 40**	900,00
GENERAL ANNUAL HEALTH CHECK WOMER OVER 40**	1180,00
BASIC GENERAL HEALTH CHECK (Corporate)	25,00
PAIN TREATMENT - ULTRASOUND-GUIDED MUSCULAR INFILTRATION	180,00
CRIOTHERAPY	90,00
ELECTORCARDIOGRAMME & REPORT	70,00
ABDOMINAL ECCOGRAPHY	70,00
RENEWAL OF PRESCRIPTION	50,00

SPORTS MEDICINE

CONSULTATION SPORTS MEDICINE	130,00
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**the cost of any blood tests and x-rays / scans (medical analyses) are not included. Please contact your insurance policy to confirm what tests are covered. The majority of routine medical analyses are covered by most insurances.*

*** please consult our website (MEDICAL SERVICES / CHECK-UPS) to see in detail what the General Annual Health Checks include. The price may fluctuate slightly due to prices of the external blood analyses laboratory with which we work)*

PEDIATRITIAN

FIRST APPOINTMENT (NEW PATIENT)	85,00
REVISION APPOINTMENT	65,00
EMERGENCY APPOINTMENT (provided within 2h of request)	120,00
DOUBLE APPOINTMENT (includes review of any medical test* results)	100,00
STREPTOTEST	5,00
VACCINE ADMINISTRATION (cost of vaccine not included)*** see vaccine price list below	30,00

**The cost of medical analyses (blood tests, scans, x-rays) is not included. Please consult your insurance company and policy to see what is and is not covered. The majority of routine analyses are covered by the majority of health insurers.*

GYNECOLOGIST, OBSTETRICS & WOMEN'S HEALTH



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FIRST APPOINTMENT (NEW PATIENT)	120,00
REVISION APPOINTMENT	70,00
REVISION APPOINTMENT AND ULTRASOUND	120,00
DOUBLE APPOINTMENT (REVISION AND FOLLOW-UP TEST RESULTS)	150,00
CONTRACEPTIVE IMPLANT (IMPLANON)	149,00
REMOVAL CONTRACEPTIVE IMPLANT	200,00
PREGNANCY TEST	15,00
TRANSVAGINAL ULTRASOUND	70,00
OBSTETRIC ULTRASOUND	70,00
GYNECOLOGICAL ULTRASOUND	70,00

**The cost of medical analyses (blood tests, scans, x-rays) is not included. Please consult your insurance company and policy to see what is and is not covered. The majority of routine analyses are covered by the majority of health insurers.*

CHIROPRACTIC

FIRST VISIT - CONSULTATION & ASSESSMENT - 40 min	105,00
CONSULTATION ONLY CHIROPRACTIC / SPORTS THERAPY - informative session without assessment	75,00
EXTENDED TREATMENT SPORTS THERAPY - 40 min	95,00
EXTENDED TREATMENT CHIROPRACTIC - 40 min	75,00
REPORT OF FINDINGS	75,00
TREATMENT CHIROPRACTIC - 15 min	50,00
TREATMENT SPORTS THERAPY - 15 min	75,00

TRAVEL MEDICINE & INFECCIOUS DISEASE

FIRST APPOINTMENT (NEW PATIENT)	120,00
FOLLOW-UP / REVISION APPOINTMENT	80,00
DOUBLE APPOINTMENT (REVISION AND FOLLOW-UP TEST RESULTS)	170,00
CONSULTATION TRAVEL MEDICINE 1 PERSON*	80,00
CONSULTATION TRAVEL MEDICINE 2 PERSONS*	140,00
CONSULTATION TRAVEL MEDICINE 3 PERSONS*	190,00
CONSULTATION TRAVEL MEDICINE 4 PERSONS*	240,00
CONSULTATION TRAVEL MEDICINE 5 PERSONS*	290,00

**Travellers intending to visit a destination in a developing country should consult a travel medicine clinic or medical practitioner before the journey. This consultation should take place at least 4–8 weeks before the journey and preferably earlier if long-term travel or overseas work is envisaged. However, last-minute travellers can also benefit from a medical consultation, even as late as the day of travel. The consultation will include information about the most important health risks, determine the need for any vaccinations and/or antimalarial medication and identify any other medical items that the traveller may require.*

VACCINE ADMINISTRATION (cost of vaccine not included)*** see vaccine price list below	30,00
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ENT

FIRST APPOINTMENT (NEW PATIENT)	120,00
FOLLOW-UP / REVISION APPOINTMENT	80,00
INTRATIMPANIC INJECTION	120,00
PRICK TEST	90,00
ADENECTOMY + AMIGDELECTOMY & RADIOFREQUENCY, DRAINING*	1 100,00
ADENOIDECTOMY+AMIGDALECTOMY BY RADIOFREQUENCY*	1 000,00
TIMPANOPLASTY*	1 200,00

**Does not include hospital fees and pre-operative tests*

CARDIOLOGY

FIRST APPOINTMENT (NEW PATIENT)	120,00
FOLLOW-UP / REVISION APPOINTMENT	80,00
ECG & REPORT	70,00

ESTHETIC MEDICINE & PLASTIC SURGERY

FIRST APPOINTMENT ESTHETIC MEDICINE & PLASTIC AND ESTHETIC SURGERY	70,00
AC. HIALURONICO- FINE LINES UPPER LIP	265,00
AC. HIALURONICO- FINE LINES AROUND EYES (PERIOULAR)	290,00
AC. HIALURONICO- UPPER AND LOWER LIP AUGMENTATION	515,00
AC. HIALURONICO- UPPER LIP AUGMENTATION	325,00
AC. HIALURONICO- BIOPLASTY CHECK BONE AUGMENTATION	380,00
AC. HIALURONICO- REDENSITY II EYES	325,00
AC. HIALURONICO- REDENSITY FACIAL	295,00
AC. HIALURONICO- NASOGENIAL FOLD	280,00
AC. HIALURONICO- NASOGENIAL FOLD (DOUBLE DOSE)	450,00
BIOESTIMULATION BAP (PROFHILO)	325,00
DERMAPLAX SPOTS & BLOTCHES	50,00
DERMAPLAX AROUND THE MOUTH AND LIPS	350,00
DERMAPLAX LOWER EYE LID	350,00
DERMAPLAX UPPER EYE LID	500,00
HILO FACIAL BASIC 6-10H	160,00
HILO FACIAL BASIC 10-20H	215,00
HILO FACIAL BASIC 20-30H	255,00
HILO FACIAL BASIC 30-40H	375,00
HILO FACIAL SCREW EYEBROWS	175,00
HILO FACIAL SCREW FACIAL	205,00
MESOTHERAPY BODY 1 ZONE LIPOLYSIS	50,00
MESOTHERAPY BODY 2 ZONES	100,00
MESOTHERAPY BODY LIPOLYSIS (10 SESSIONS)	500,00



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MESOTHERAY BODY REFIRMING	50,00
MESOTHERAPY BODY REFIRMING 10 SESSIONS)	500,00
MESOTHERAPY FACE REFIRMING (MESOESTETIC)	125,00
MESOTHERAPY FACIAL VITAMINES	225,00
MESOTHERAPY EYES 1 SESSION	120,00
MESOTHERAPIA EYES 5 SESIONS	490,00
PEELING TCA (FILORGA)	155,00
CHEMICAL PEEL- PRX T-33	175,00
PLASMA RICH PLATELETS (PRP) TURO PARK	225,00
POLICAPROLACTONA- ELLANSE 1ML	425,00
POLICAPROLACTONA- ELLANSE 2ML	659,00
BOTOX - AXILAR HYPERHIDROSIS (SWEATY ARM PITS)	700,00
BOTOX - UPPER THIRD OF FACE	400,00
BOTOX - FOREHEAD	340,00
BOTOX - GLABELLA (IN BETWEEN EYE BROWS)	300,00
BOTOX - AROUND EYES	250,00
BOTOX - TOUCH UPS	90,00
LOCAL REDUCER - BODY CREAM	65,00
NIGHT REDUCER - BODY CREAM	60,00
GENETIC BIOLOGICAL INC.ANTIOX 4SEM	150,00
MONTHLY FOLLOW-UP MEDICAL NUTRITION ADVICE AND SUPPORT (2 VISITS / MONTH)	125,00

*PLASTIC AND ESTHETIC SURGERY

PRESUPUESTO INDIVIDUAL

NUTRITION

FIRST APPOINTMENT	75,00
FIBRO-AMJ FOOD SUPPLEMENT	30,00
BIO-EFA FOOD SUPPLEMENT	25,00
CARB-BLX FOOD SUPPLEMENT	29,00
NUTRI-START 4 LIFE FOOD SUPPLEMENT	41,00
GENETIC FOOD AND METABILISM TEST	295,00

VACCINES / VITAMINES

ADMINISTRATION OF INJECTION (VITAMIN)	35,00
ADULT VACCINE ADMINISTRATION*	30,00
CHILD VACCINE ADMINISTRATION*	30,00
INMUNOGLOBULIN ANTI-D	66,19
OPTOVITE B12 1000 mcg INJECTION	7,28
DTPA (Boostrix) VACCINE	28,00
DTP VACCINE adult	28,42
DIFT-TET-TOSF VACCINE child	15,00
HEPATITIS B VACCINE adult (ENGERIX)	23,00
HEPATITIS BVACCINE child (ENGERIX)	15,00
JAPANESE ENCEPHALITIS VACCINE (YXYARO)	90,86



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FLU VACCINE (VAXIGRIP)	15,00
HEPATITIS A+B- VACCINE child (TWINRIX)	51,83
HEPATITIS A VACCINE - adult (HAVRIX 1440)	50,27
HEPATITIS A VACCINE - child (HAVRIX 720)	15,00
POLIO VACCINE-DIF-TOSF-TET-HB-HiB	15,00
MENINGOCOCO VACCINE ACWY 135 TETRAVALENTE (NIMENRIX)	59,64
MENINGOCOCO C (NEISSERIA MENINGITIDIS C) VACCINE	10,00
MENINGITIS B (BEXSERO) VACCINE	111,15
DIF-TOSF-TET-HiB-HB VACCINE	15,00
VACCINE SARAMPION, PAROTIDITIS, RUBEOLA (PRIORIX)	17,83
ROTAVIRUS VACCINE (ROTARIX ORAL SUSPENSION)	98,00
ROTAVIRUS VACCINE	74,50
S. PNEUMONIA 13 VACCINE	15,00
SAR-PAROT-RUB VACCINE	15,16
DIFTERIA-TETANOS DIFTAVAX VACCINE	20,00
MALARIA VACCINE -12 ORAL TABLETS (MALARONE)	25,00
ANTI-RABICA VACCINE (1 DOSE)	27,00
VARICELLA VACCINE (VARIVAX-1 dose)	45,38
ORAL TYPHOID FEVER VACCINE (VIVOTIF)	23,00
HUMAN PAPILOMA VIRUS VACCINE (GARDASIL 9)	172,55

*Free of charge for specialist travel medicine consultation