

Warranty Acknowledgment

Warranty on services: It has been explained to me that my services carry a warranty from defect of material. This warranty is limited to the type of service provided.

Fillings are covered under warranty for defect materials for 12 months for the same surface of the tooth. This means if a filling was performed on the Occlusal surface and 6 months later you have decay on the buccal surface that is not under warranty. You must pay for the full cost of the service. Some insurances may not cover having multiple treatments done on the same tooth even if done on different surfaces. Recurrent decay on the same surface is not covered under warranty, and may lead to a higher out of pocket expense for services.

Crowns and Bridges (including implant crowns) are covered under warranty for defect materials for 60 consecutive months.

Occlusal Guards are covered under warranty for defect for 12 months. Two relines or adjustments are covered at no cost under this warranty. Additional relines and adjustments will be at an additional charge.

Other Services may carry limited or no warranty. Please speak with your office staff if you have questions or concerns about your treatment.

Patient obligation for warranty to be in effect:

It is required the patient be seen in our office regularly – every six (6) months - for dental hygiene visits, including exams. If it is recommended you are seen more often than ever six (6) months due to periodontal disease or other concerns, you must comply with this recommendation for the warranty to be in effect.

Home Care and Personal Habits: Poor home care is a leading factor in dental work failure. If you have poor home care, are a heavy smoker (of any tobacco and non tobacco products, including juuling, vaping, cigars, marijuana etc), have uncontrolled diabetes, eating disorder, are on certain medications, or have other physical limiting factors, we will be unable to warranty your dental work.

Occlusal Guard Use: The doctor may recommend you use an occlusal guard due to bruxism or other dental diagnosis. If this course of treatment has been recommended to you, an occlusal guard must be purchased through our office or your existing occlusal guard must be visually inspected and approved by our doctors. This occlusal guard must be worn as directed, and must be brought to your hygiene visits for inspection.

Other recommendations: At times our doctors may require other treatment or services for your dental work to be covered under warranty. Some examples of this may be fluoride trays for high risk patients, deep cleanings for perio disease, or other decay to be removed from the oral cavity. Patient understands that they must comply with this additional treatment for the warranty to be in effect.

Suggested Material Use: Certain materials hold up better than other materials, depending on the tooth, biting pressure, other individual dental and physical factors. If you decline the material recommended by the Doctor, we are unable to warranty your services. (such as gold versus white)

Recurrent decay or additional treatment: Patient understands that we are not responsible for recurrent decay on the tooth. The warranty will be void if recurrent decay is present. Further, if the tooth needs additional treatment after services, that additional treatment will not be covered under warranty. An example of this would be if the tooth needs root canal treatment. This root canal treatment will not be covered under warranty, nor would the initial or replacement crown be covered under warranty.

Patient Name: _____ Date: _____

Patient/Responsible Party Signature: _____