



**PRICE & ASSOCIATES**  
— FAMILY DENTISTRY —  
CREATING HEALTHY. BEAUTIFUL SMILES

### **LIMITED WARRANTY**

Many problems in dentistry can be prevented if caught at an early stage. **Therefore, our limited warranty is valid only if recommended preventative care appointments are maintained with our office.** This typically includes recommended hygiene appointment frequency, biannual or annual exams by your dentist, and any necessary radiographs and recommended fluoride. **This warranty is void if you do not keep your recommended preventative care appointments.** This limited warranty only covers procedures performed in our office. The details provided below outline what is included in the cost of your treatment.

#### **Preventative Sealants:**

We will replace or repair preventative sealants for a period of one year after date of initial placement. After one year, the patient is responsible for the cost of repair or replacement.

#### **Composite resin (tooth-colored) fillings:**

We will replace or repair composite resin fillings in the event of failure for a period of one year after date of initial treatment. This includes lost fillings, broken fillings, or continued pain and sensitivity. After one year, the patient is responsible for the cost of repair or replacement.

#### **Crowns and Bridges:**

We will provide a full replacement or repair warranty for crowns and bridges for 5 years after date of initial treatment. This warranty does not include crowns or bridges that fail due to recurrent decay or root decay caused by poor oral hygiene or diet. The doctor or dental hygienist will provide instructions on how to keep crowns and bridges clean and how to prevent decay. It is the patient's responsibility to do follow these instructions.

This warranty does also not include crowns or bridges that are damaged due to accidents or abuse that could also break normal, healthy teeth. Examples include, but are not limited to, chewing on ice, biting on a bone, hard candy, or other hard food, biting fingernails, using teeth as tools to open things, etc.). Crowns and bridges that are not recommended by the doctor will not be covered by this warranty. For example, the doctor may recommend a particular type of crown on a back tooth to prevent damage due to heavy biting. If the patient chooses a different type of crown for cosmetic purposes against the advice of the dental professional, the crown cannot be warrantied.

Crowns placed on fractured teeth may also not be warrantied if the prognosis is poor. This will be discussed and agreed upon prior to treatment.

Any models provided to patient at the time of treatment should be kept in a safe place. These can be used to remake your crown or bridge without new impressions. If the models are lost or broken and new impressions are needed, the patient will be responsible for the fee for a new temporary crown.

**Endodontic Therapy (Root Canal):**

Approximately 95% of endodontic treatments are successful. In the instance that a root canal completed in our office fails, we will evaluate whether re-treatment is necessary. If it is within two years of the original root canal, we will re-treat the tooth at no charge or provide a credit for the original fee. In some cases, a referral to a specialist is necessary. If problems necessitate extraction within one year of the original root canal, credit of the original fee will be applied toward tooth replacement in our office. There are rare instances where a patient will be informed that we cannot provide a warranty on a tooth with a poor prognosis. This would be explained and agreed upon before treatment.

**Removable Appliances (Dentures, Partials, and Occlusal Guards)**

We will warranty dentures and partials for a period of two years if a tooth chips or breaks, or if a flange breaks under normal use. We will also warranty occlusal guards for a period of two years for wear or fractures that occur with normal use. This warranty does not cover removable appliances that are lost, stolen, damaged by a pet, or damaged beyond normal wear and tear.

Patients in a full upper and lower denture must present to the office for an exam at least once every 12 months and must bring the removable appliance(s) to that appointment. Patients that have any natural teeth must present to the recommended preventative care appointments (a minimum of every 6 months). Patients must also complete all other treatment prescribed by your dentist in order to maintain eligibility for this warranty.

**By signing below, I confirm that I have read and understand the terms of the limited warranty provided with the cost of treatment. Any questions or concerns have been addressed by my doctor.**

Patient name: \_\_\_\_\_ Date: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

Doctor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_