

Dyer Family Dentistry

890 Richard Road

Dyer, IN 46311

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We Stand Behind What We Do
Dyer Family Dentistry's Peace of Mind Dental Warranty

Patient Name _____ **Date** _____

Your prescribed recare appointment is every
() 3 months () 4 months () 6 months () Other _____

We are proud of our dental services and what they do for our patients. Our goal is not to overly correct your dental problems, but have the work we do, last for many years into the future, to save you time and to save you from unnecessary expenses.

The long term success of your treatment is dependant on how well you care for your teeth, your continuing home care of your teeth and gums, consistent regular professional examinations, cleanings and fluoride treatments. It is also dependent on your adherence to our professional recommendation on your diet, products we recommend you use and the frequency of your professional continuing care visits.

With these thoughts in mind, we are pleased to offer the following limited dental warranty:

All Porcelain crowns, Bridges, Inlays, Onlays Porcelain Veneers

If these all porcelain restorations fracture with normal use during a period of five (5) full years from the date of their initial placement, we will replace or repair these according to our crown policy services.

All Gold and porcelain fused to metal crowns, Inlays, Onlays and bridges
If our all gold or porcelain fused to metal restorations fracture with normal use during a period of ten (10) years from the date of initial placement, we will replace or repair them according to our Inlay and Onlay policy services.

Cosmetic Denture Teeth

If your cosmetic denture or porcelain teeth breaks with normal chewing then we will repair the denture or replace the fractured tooth during a period of 3 years.

Dental Implants

If our implants fracture or fail within a period of two (2) years following the initial surgical placement, we will replace or repair any fractured or failing implant at no charge or refund your

fee at our discretion. (The good news is that the vast majority of problems that occur will happen within the first year of treatment.) Exception: Diabetic condition that goes from controlled to uncontrolled can cause serious damage to all oral structures including the supporting bone around implants. ***The good news:*** We don't perform dental implant therapy for uncontrolled diabetics. So as long as diabetes is well controlled consistently, there is no problem with dental implant therapy. ***More good news:*** **Our long term success rate is 90+%. Even more good news: We have never experienced a fracture of a dental implant.**

Teeth Whitening

If our teeth whitening services are unsatisfactory immediately following whitening services, we will retreat at no additional charge.

Dental Sealants

If our dental sealants are in need of repair with normal use during a period of two (2) years from the date of initial placement, we will replace or repair them at no additional charge.

Composite Fillings or Bondings

If our composite fillings or bondings fracture with normal use during a period of two (2) years from the date of initial placement, we will replace or repair them at no additional charge.

Conditions

To keep this warranty valid, you **must:** 1.) maintain uninterrupted membership in our practice. 2.) keep your prescribed **regular continuing care appointments** (with no appointment varying more than **(30) thirty days** of our recommended schedule). 3.) **maintain your account** in good standing and 4.) have **all recommended dental treatment(s)** performed by Dyer Family Dentistry doctors including the treatment of jaw-occlusal dysfunction and use of bruxism/orthopedic guards if recommended. This warranty **does not include** anything not mentioned above, including gum line desensitization, root canal therapy, night guards, nor does it cover damage to teeth or dental prosthesis caused by accidents, dropping of prosthetics/dentures, trauma, neglect or improper use (e.g., grinding, clenching, food items that are prohibited (corn-nuts, chewing hard candies, chewing ice, or other very hard foods) or biting non-food items).

Patient Signature _____ **Date** _____

Witness Signature _____ **Date** _____