

Crown Warranty

Date: _____

Tooth # _____

In an effort to reduce the need for future dental procedures through recommended preventative care, Triangle Family Dentistry would like to partner with you with the following offer:

We extend a **5-year limited warranty** on all crown and bridgework that was done at any of our Triangle Family Dentistry locations under the following terms:

You must keep the prescribed regular recall appointments (minimum 6 months) for routine professional exams, x-rays and cleanings with our practice. Our practice is unable to offer warranty services:

1. If patient fails to come to recall for professional exams or oral hygiene is neglected
2. If the dentist's instructions are not followed properly
3. If a night guard is recommended but not worn
4. In case of accidents or suffering facial trauma
5. If the patient smokes
6. If an illness is present, which has an unfavorable effect on the mouth (e.g. diabetes, epilepsy, osteoporosis, chemotherapy)
7. If there is gum disease, periodontal problem, recurrent decay, or unforeseen root canal treatment
8. If the continual dental work is performed by other dentists

Timeframe for coverage

- 1) If crown breaks between years 0-3: patient will not incur any out-of-pocket cost
- 2) If crown breaks between year 3-5: patient will incur the lab cost only
- 3) No cash refunds

Patient Name: _____
(Parent or guardian if minor)

Patient Signature: _____ Date: _____
(Parent or guardian if minor)