



# DRUMRIGHT DENTAL CENTER

Advanced Dental Technology

## Dental Treatment Warranty Policy

### **Composite (tooth-colored) Fillings:**

(2 Year Warranty) If a composite filling is the recommended treatment, the filling will be repaired or replaced in the event of a failure. **Please note:** Composite restorations as a “compromised” form of treatment (instead of a recommended crown or other treatment) are not covered under this warranty.

### **Root Canals:**

(2 Year Warranty) Root canals are 96% successful. If there is a reoccurrence of infection within 2 years of the initial treatment, making additional treatment necessary, we will refund your portion paid or apply said portion as a credit toward a retreat need or replacement tooth. The recommended restorative treatment (crown or filling) must be completed in our office for the root canal warranty to apply.

### **Crowns/Bridges/Veneers:**

(5 Year Warranty) Any fracture with normal use will be replaced or repaired at no additional charge. This warranty does not include gum line desensitization, root canal therapy, night guards, nor does it cover damages caused by accidents, trauma, neglect, or improper use. (e.g., grinding, clenching, chewing ice or biting non-food items.)

### **Dentures and Partial:**

(2 Year Warranty) Any repairs due to normal use will be covered under warranty. Breakage due to accidents (such as dropping your denture), are not covered. Also, due to the nature of dentures, we cannot guarantee a person’s ability to comfortably accommodate these artificial replacements.

**The primary key to lifetime success of your oral health depends on you! Diligently following your prescribed routine for brushing, flossing, fluoride or dental rinse, as well as keeping all recommended dental appointments is the best defense to protect your teeth and gums.**

### **Warranty Validation:**

- The warranties herein do not cover accidents that cause damage to the teeth or dental prosthesis.
- All patients must keep up with the prescribed examination appointments (minimum every 6 months) and periodic images to allow us to properly monitor and maintain your restorations; otherwise, these warranties are null and void.
- Patients without any natural teeth must come in for periodic exams and oral cancer screenings once per year.

\_\_\_\_\_ I agree to above conditions for the warranty of my prescribed treatment.

\_\_\_\_\_ I elect to waive the warranty for my prescribed treatment and release Drumright Dental Center and its providers from obligation to replace or repair my dental treatment/prosthesis.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date