

# Warranty Certificate

We stand behind all our work and offer you a warranty on your dental work so you can have peace of mind that if anything were to happen, we will fix it at no cost.

| TREATMENT   | WARRANTY   | PATIENTS RESPONSIBILITY/<br>SIMPLE REQUIREMENTS  |
|---|--|--|
| <b>Crowns and Bridges</b><br><i>5 Year Warranty</i>                       | Any fracture with normal use, we will replace or repair them at no additional charge.  | 1. Keep up with your recommended periodic exam, x-rays, and dental wellness appointments. This allows us to monitor and maintain your dental work.<br><br>2. Have all recommended dental treatment performed at our office including the treatment of jaw occlusal dysfunction and use of night guards if recommended.<br><br>3. This warranty does not include anything not mentioned here, including recurrent decay, fracture of tooth structure, root canal therapy, night guards, nor does it cover damages caused by accidents, trauma, neglect, or improper use (e.g. chewing on ice or biting non food items).<br><br>4. Other terms and restrictions may apply. |
| <b>Composite Fillings and Porcelain Veneers</b><br><i>2 Year Warranty</i> | Any fracture with normal use, we will replace or repair them at no additional charge.<br><br>When the tooth is fractured to the point that a crown is indicated, we will credit the cost of the filling towards the cost of a crown. |  |
| <b>Partials and Dentures</b><br><i>5 Year Warranty</i>                    | Any fracture with normal use we will replace or repair them at no additional charge.   |  |

This warranty is null and void if the patient does not maintain their recommended 3- or 6-month dental wellness visits with us. I acknowledge that I have read and understood the requirements that I must satisfy to qualify for the extended warranty provided by our office.

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Signature

\_\_\_\_\_  
Date



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