

Dr. Alessio Conte, DDS
665 W. Lumsden Rd.
Brandon, FL 33511
813-681-5515

LIMITED DENTAL WARRANTY

Our practice is proud of the dentistry that we provide for you and your family. Our goal is to not just correct any dental problems you may have, but to show you how to prevent dental disease in the future to save you both time and unnecessary expense. The long-term success of the dental treatment we provide for you depends upon your continuing home care of your teeth and gums, regular professional exams, cleanings, and fluoride treatments. The products recommended by us for you and the frequency of those professional care visits depends on your individual condition. Those visits may be every 2, 3, 4, or even 6 months apart depending on your oral health. With that in mind we offer the following limited dental warranties.

Dental Sealants

Sealants are plastic coatings placed on the chewing surfaces of the teeth to prevent decay in the surface and grooves of the teeth. These are the most common areas to get cavities. Floss and the use of fluoride will help prevent decay between the teeth. We will repair or replace sealants for a period of 1 year after placement. If decay is present on the chewing surface, the replacement filling will be done at no charge. You must keep the prescribed regular recall appointments or this warranty is null and void (minimum every 6 months).

Composite (tooth-colored) Fillings

If a composite restoration is the recommended treatment of choice, we will replace or repair it in the event of failure for a period of 1 year. If the tooth breaks and requires a crown or onlay during the 1 year period, we will credit the cost of the filling towards the crown or onlay. You must keep the prescribed regular recall appointments or this warranty is null and void (minimum every 6 months).

Crowns, Bridges, Inlays, Onlays, and Porcelain Fillings

We will warranty these most comprehensive procedures for 1 year. We will replace or repair them at no charge during this this period if they break, are lost, or decay with normal use. (This does not include accidents that could also break normal healthy teeth.) You must keep the prescribed regular recall appointments or this warranty is null and void (minimum every 6 months).

Full Dentures and Partial Dentures

We will warranty full dentures and partial dentures for a period of 1 year if a tooth chips or breaks, or a flange breaks under normal use. This warranty does not cover accidents such as dropping your full denture or partial denture. Full upper and lower denture patients must be seen once every 12 months. Patients with some of their own natural teeth must be seen at the prescribed recall appointment or this warranty is null and void (minimum every 6 months).

Root Canals

A root canal is a therapy not a cure. If your root canal fails, for a period of 1 year from the date of service, we will refund the cost of a root canal due to failure. In addition, if the tooth cannot be saved, the cost of the crown and build up placed in our office will also be refunded during that 1-year period. However, if you decline to have a crown completed on the treated tooth at the root canal appointment, this warranty will be null and void. In order for Root Canal Therapy to be considered complete, the treated tooth must be protected with a foundation filling and crown. You must keep the prescribed regular recall appointments or this warranty is null and void (minimum every 6 months).

As you can see, we are confident of the durability of our treatment as prescribed for you. The primary key to your long-term success is spending a few minutes a day on your home care, brushing, flossing, fluoride, and prescribed products. The second key to success is regular professional examinations, cleaning, X-ray films and fluoride treatment (2, 3, 4, & 6 month intervals depending on your condition). This warranty does not cover accidents that cause damage to teeth or dental prosthesis.

**Failure to have these regular visits with our office voids all warranties.
Help us to help you maintain your teeth for a lifetime.**

Patient Signature

Date

First: _____

Last: _____

Print Patient's Name