**1-Year Limited Warranty for Dental Implants and Prosthesis**

**Effective Date:**

This warranty applies to the dental implant(s) and prosthesis provided by \_\_\_\_\_\_\_\_\_\_\_\_\_ and is designed to ensure the highest level of patient care and satisfaction. The following terms and conditions apply to the 1-year limited warranty on dental implant(s) and prosthetic work.

**Warranty Coverage**

1. **Dental Implant:** The dental implant(s) placed by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ are covered under this warranty for a period of one (1) year from the date of placement. The warranty covers:

\* Failure of the implant to properly integrate with the surrounding bone

\* Need for replacement of the implant due to mechanical or structural failure

1. **Prosthesis (Crown, Bridge, Denture, or Overdenture)**
\* The prosthetic restoration (crown, bridge, or denture) placed over the implant is covered under this warranty for a period of one (1) year from the date of prosthesis delivery. This warranty covers:

\* Fractures or material defects in the prosthesis.

\* Detachment of the prosthesis from the implant due to improper fit or failure of the components.

**Warranty Limitations and Exclusions**

This warranty does not cover the following:

**\* Failure due to Poor Oral Hygiene**: failure caused by poor oral hygiene, non-compliance with maintenance recommendations, or the absence of regular dental visits.

\* **Trauma or Injury**: Damage resulting from accidents, or trauma to the implant/ prosthesis

\* **Natural Changes in Oral Anatomy**: Bone resorption, tissue recession, or other natural changes in the jaw or gums that may affect the implant or prosthesis are not covered under this warranty.

**\* Smoking and Parafunctional Habits**: failure due to smoking, bruxism (teeth grinding), clenching, or other parafunctional habits that place excessive stress on the implant or prosthesis.

**\* Failure Due to Systemic Health Issues**: underlying medical conditions such as uncontrolled diabetes, immune disorders, or the use of medications that affect bone metabolism (e.g., bisphosphonates)

**\* Non-compliance with Post-operative Instructions**: not following post-operative instructions provided by the dental team or fails to attend scheduled follow-up appointments.

**1-Year Limited Warranty for Dental Implants and Prosthesis (cont.)**

**Patient Responsibilities**

To maintain the validity of this warranty, patients must adhere to the following:

\* Present for regular dental check-ups and professional cleanings as recommended by the dental officer (~ every 3-6 months).

\* Follow all oral hygiene instructions, including proper brushing, flossing, and the use of prescribed mouth rinses.

* Avoid smoking or using tobacco products.
* Wear protective appliances (e.g., nightguards) if recommended
* Report any issues or concerns with the implant or prosthesis to the dental office ASAP

**Warranty Claims Process**

If a covered issue arises during the 1-year warranty period, the patient must notify the doctor immediately. If it is determined that the issue is covered under this warranty, the office will:

* Replace or repair the dental implant or prosthesis at no cost to the patient.
* A new implant may be placed if the bone structure is suitable for re-implantation.

**Disclaimer**

This warranty is limited to the repair or replacement of the dental implant and prosthesis as outlined above. Our office is not responsible for any incidental or consequential damages, including costs associated with additional treatments, travel, or time off from work.

**By signing below, I acknowledge that I have read, understood, and agree to the terms of this 1-Year Limited Warranty for Dental Implants and Prosthesis.**

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Practice Representative Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_