

Bos Dental

Treatment Warranty

Your investment in your dental health is important to us. Our treatment warranty provides the most protection for you and your decision to proceed with treatment recommendations.

Dr. Bos is proud to offer the following dental treatment warranty for your peace of mind.

Crowns, Bridges, and Porcelain Veneers

If a porcelain restoration provided by Bos Dental fractures and it is determined that there was a defect in the materials or workmanship during a period of **5 years** from the date of the initial placement, Bos Dental will replace or repair the porcelain restoration at no additional charge.

Composite Bonding or Fillings

If a composite bonding or filling provided by Bos Dental fractures and it is determined that there was a defect in the materials or workmanship during a period of **2 years** from the initial placement, Bos Dental will replace or repair the filling or bonding at no additional charge.

Dental Implants

If a dental implant placed and restored by Bos Dental fails and it is determined that there was a defect in the materials or workmanship during a period of **5 years** from the initial placement, Bos Dental will replace or repair the implant or implant restoration at no additional charge.

Dentures and Partial

We warranty dentures and partials for **3 years**, if they need repair due to normal use. Breakage due to accidents (such as dropping your denture/partial), is not covered. Also, due to the nature of dentures/partial,

we cannot guarantee a person's ability to comfortably accommodate these artificial replacements.

Warranty Requirements:

This dental warranty does not cover damage to teeth or prosthesis caused by accidents, trauma, negligence, or improper use (for example: grinding, clenching, chewing ice, biting non-food items or recurrent decay)

This warranty is effective immediately upon completing any of the above services and will be in effect for the period of time detailed when you meet ALL of the following requirements:

- Return for all recare visits as prescribed by the Dentist or Hygienist, not more than **30 days** past your due date. This will be every 3, 4 or 6 months.
- Use any anti-decay or gum disease medication as prescribed
- Follow the Dentist's recommendations for destructive habits such as clenching, grinding or tooth replacement, which may lead to future problems with treatment, such as night guards.
- Your account must remain in good standing with our office with no overdue balance. Refunds are not part of the warranty policy.

Patient/Guardian Signature: _____

Date: _____

Staff Member Name/Dentist Name: _____