Warranty on Our Dental Work

At Oakdale Family Dental, we stand behind the dental services we provide to our patients and you can expect to receive nothing short of the best treatment. Our office provides exceptional care — it is our passion and our mission.

We are confident in our quality of work and support it with a warranty, which very few dental offices offer.  We will repair or replace restorative dental treatment rendered based on the following guide lines and exclusions for two (2) years from the date of initial treatment.  Failure to fulfill the following requirements by the patient will void the dental treatment warranty.

**Terms & Conditions of Our Dental Warranty**

1. You must maintain a schedule of regular routine dental cleaning appointments at Oakdale Family Dental or alternating with your regular periodontist, to include a minimum of an oral exam every 12 months, a cleaning every 3-12 months, bitewing x-rays every 12 months and comprehensive x-rays every 5 years.

2. We can offer a one time courtesy to replace the restorative dental work at no additional cost. If the case needs to be sent to a lab, the patient is responsible for that additional lab fee(s). Each restoration is eligible for one repair within the 24 month period.

3. The warranty is null and void if the failure of the restorative work is due to abuse or negligence due to any form of mistreatment of the dental work.  This includes, but is not limited to, biting into metal objects, chewing ice, self-adjustments, tongue thrusting, and poor or irregular homecare, etc.

4. The warranty is null and void if the restorative work needs to be removed or is damaged due to a dental problem or repair with the supporting teeth, including but not limited to recurrent decay, root canals, etc.

4. If the doctor determines a night guard/ occlusal guard is necessary to maintain and protect your restorative work, the warranty will be null and void if you do not have one fabricated.

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Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_