



Implant Warranty Program

Working in conjunction with your restorative dentist, we warranty your implants which support single crowns for your lifetime. Should your implant become loose and have to be removed, a new implant will be placed at no cost to you.

In order to keep this warranty in effect, you must agree to the following:

- I. You will allow us to perform the necessary therapy, in conjunction with your restorative dentist, to eliminate your oral health problems, and restore your bite.
- II. If it is determined you “clench” or “grind” your teeth, you will allow your restorative dentist or us to fabricate a bite appliance for you.
- III. You will wear any necessary bite appliance as prescribed.
- IV. You will be faithful to the checkup and cleaning schedule which your restorative dentist and we feel is most appropriate to ensure your long term oral health. This may include additional one or two cleanings per year in our office.
- V. You will not smoke. This implant warranty is void for smokers.

If you agree to and abide by the provisions of this warranty, the warranty will remain in effect for your lifetime. However, should you not follow the instructions of the provisions listed above, the warranty will be void.

Appropriately performed implant therapy is highly predictable in the long term. We can vouch for this high level of predictability, having placed over 20,000 implants since 1985. However, such success depends upon your cooperation. As a result, we are more than happy to offer you a lifetime warranty on your implants which support single crowns.

A lifetime warranty cannot be offered on implant supported overdentures or hybrid or fixed bridgework, as such prostheses often require replacement of worn teeth over time. Tooth replacement in these instances does not require implant removal or replacement.

We hope you will take advantage of this warranty.

Sincerely,

Paul A. Fugazzotto, DDS Anya Rost, DMD, MSD

I have read and understand the provisions and limitations of this lifetime single implant warranty. I have had the opportunity to ask any questions I may have regarding this warranty. All such questions have been answered to my satisfaction.

Patient Signature _____ **Date** _____

Witness Signature _____ **Date** _____