 E&M Dental LLC

935 Allwood Road

Clifton, NJ 07013

(973)928-5005

(973)928-5006

|  |  |  |
| --- | --- | --- |
| **Treatment** | **E&M Dental Obligations** | **Patient's Responsibility** |
| **Dental Implants** | E&M Dental LLC will replace or repair the same material type of **titanium implant fixtures and/or prosthetics** at no cost during **2 Years** after placement.  The warranty will not apply if an occlusal guard was recommended and not obtained and used. | The patient **must** keep the prescribed regular checkup appointments (every 6 months) for routine professional exam, X-rays and Cleaning at E&M Dental LLC. Any defective prosthesis must be given to or retrieved by the dentist. |
| **Crowns, Bridges, Porcelain Veneers** | E&M Dental LLC will replace or repair the same material type at no cost during these **2 Years** after placement.  The warranty will not apply if an occlusal guard was recommended and not obtained and used. | The patient **must** keep the prescribed regular checkup appointments (every 6 months) for routine professional exam, X-rays and Cleaning at E&M Dental LLC. Any defective prosthesis must be given to or retrieved by the dentist. |
| **Denture and Partial Denture** | E&M Dental LLC will repair dentures and partials for a period of **1 Year** from the delivery date. The warranty will not apply to any accidents including dropping your denture. | The patient **must** keep the prescribed regular checkup appointments (every 6 months) for routine professional exam, X-rays and Cleaning at E&M Dental LLC. Any defective prosthesis must be given to or retrieved by the dentist. |
| **Fillings** | E&M Dental LLC will replace or repair fillings at no cost for a period of **1 Year** from the placement date.  The warranty will not apply if tooth has recurrent decay. | The patient must keep the prescribed regular checkup appointments (every 6 months) for routine professional exam, X-rays and Cleaning at E&M Dental LLC. |

Patient’s signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Patient’s email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_