

Doctor Damian Stone, DDS, PhD, MS, BS

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General and Prosthodontic Dentistry

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NOTICE OF TREATMENT GUARANTEE

We endeavor to provide professional, thorough, quality care to our patients.
To reduce the cost of billing the following treatment guarantee has been adopted.

Thank you for choosing the office of Doctor Damian Stone to provide you with quality, comprehensive dental care. We are very proud of the care and services that we provide to our patients. We are concerned not only with your current dental problems but also with your long term dental health. Together, we will work to ensure that you not only maintain dental health, but also have the opportunity to have a smile you will be proud of.

You as the patient will be expected to do your part by making and keeping recall appointments at the intervals recommended by your dentist and hygienist. (Normally, a minimum of two cleanings and two exams per year.) In turn, we will warranty the following list of treatments.

Fixed Prosthodontics	3	years
Removable Prosthodontics	3	years

If any of the treatments listed above fail in the stated time period, we will repair or replace them free of charge provided the patient has maintained his or her personalized recall schedule. This warranty does not include damage caused by trauma or obvious negligence by the patient. Restoration failure due to abuse or neglect (e.g., chewing ice, accidental damage, etc.) is excluded from the warranty. Please note the importance of using an occlusal guard/nightguard in certain cases where recommended. Veneers and crowns will not be covered if a nightguard is not used regularly. Night guards are recommended for all patients that have any kind of a fixed prosthodontic, in order to prevent fracture and damage to the teeth. If you have been advised to use this appliance, please do so, since it will help prevent damage to the treatment provided to you by Doctor Stone. If you have any questions, please let us know. Thank you!

By my signature below, I acknowledge receipt of the Notice of Treatment Guarantee.

Signature of Patient

Date

Signature of legally authorized Responsible Party

Date

This form will be retained in your dental record.