

Limited Five Year Warranty

This Service is designed to accomplish the following:

1. Assist you with case presentations (How many times you have been asked, "How long will this restoration last?" or "Is this appliance guaranteed?")
2. Increase the Hygiene patient load for the Dentist utilizing this service as an instrument for their recall program.
3. Assist you in keeping your restorative and removable appliance patients on a regular dental maintenance program. To keep the Warranty valid, the crown and bridge patient must adhere to a semi-annual dental maintenance program (cleaning & exam).

The cast partial denture patient must have prosthesis relined as recommended by the attending dentist, in addition to the six month recall.

This service is available to you on crowns, bridges, and finished Vitallium 2000+ cast partial denture cases (metal frame only) at no cost and is self explanatory to the patient, as details are on the back of the Warranty.

Five Year Limited Warranty

Patient's Name _____

Doctor's Name _____

Type of Appliance _____

Warranty Number _____ Date Effective _____

Drake Precision Dental Laboratory, Inc.

The beforementioned appliance is warranted against defects in workmanship and materials for a period of Five (5) years from delivery date.

-WHAT IS COVERED-

1. Repair or replacement of appliance.

-WHAT IS NOT COVERED-

1. Cash refund of prosthesis.
2. Cost incurred for removal or reinsertion.
3. Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.
4. Incidental or consequential damages, including inconvenience, lost wages or pain and suffering.
5. Implant, Cosmetic, or Precision Attachment cases.
6. Shipping costs for repairs.

-CONDITIONS WHICH MUST BE MET FOR WARRANTY TO APPLY-

1. Prosthesis must be inserted by a licensed practicing dentist.
2. Patient must adhere to a semi-annual dental maintenance (cleaning & exam) program in the office of a licensed practicing dentist.
3. The maintenance schedule on this certificate must be documented by the attending dentist each visit to validate this Warranty.
4. Within the limitations of this Warranty, the prosthesis, written work authorization and the Warranty card must be shipped to Drake Precision Dental Laboratory, Inc.

MAINTENANCE SCHEDULE			
DATE	DOCTOR'S INITIALS	DATE	DOCTOR'S INITIALS
1. _____	_____	6. _____	_____
2. _____	_____	7. _____	_____
3. _____	_____	8. _____	_____
4. _____	_____	9. _____	_____
5. _____	_____	10. _____	_____

For Warranty Claims, Please Send To:

Drake Precision Dental Laboratory, Inc.
P.O. Box 30063
Charlotte, NC 28230

Prosthesis must be accompanied with work authorization and valid Warranty Card.

This Warranty is in lieu of all other Warranties, whether expressed or implied, and may not be modified or extended by any agent, employee, representative or distributor of Drake Precision Dental Laboratory, Inc.