



142 High Street
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IMPLANT CROWN AND BRIDGE RESTORATION FINAL ACCEPTANCE

The doctors and staff at Morgantown Dental Group promise to do their best in making you a nice crown (s) or Bridge (s). However, I understand they cannot guarantee “perfection”. The shape, size, and shade of the teeth are acceptable to me.

I understand that I am accepting this crown(s) or bridge(s) with my 100% approval. This gives Dillard Street Dental my authorization to seat my crown(s), or bridge(s). Any changes made after **today** may incur additional charges. I understand that I may need time to adjust to the crown(s), or bridge (s). The doctors and staff have agreed to help me through this adjustment phase within reasonable limits. These were explained to me at my initial appointment.

I understand that it is very important to follow after care instructions, upon receiving my crown(s), or bridge(s). After care instructions include, attending follow up appointments, maintaining good oral hygiene and going for regular check- up and cleaning appointments. Failure to do this can affect the success and longevity of the dental implant treatment.

Provided that the patient follows all recommendations there is a (3) year warranty, a warranty is by no means a guarantee. In medicine and dentistry there are NO guarantees. There will be no Free replacements or money returned!

I declare that I have had the opportunity to ask questions and all my questions have been answered to my satisfaction.

Patient Printed Name

Patient Signature

Printed Name of Legally Authorized Representative

Relationship to Patient

Signature of Doctor

Date