



G R O V E
Dental Group
grow with us!

Our qualified dental team makes every effort to provide you with a high quality dental crown and/or bridge by using a well established local lab, the latest products available as well as the utmost care and diligence. We are confident in the quality of our work and support it with a warranty that very few dental offices offer.

5 YEAR WARRANTY DETAILS

What is Covered

This warranty covers only defects in materials or workmanship, including installation, with the exceptions stated below

What Is Not Covered

This warranty does not cover any discoloration or failure of the crown caused by caries (cavity/decay), smoking or consumption of staining liquids and foods. Should the crown require repair or replacement, additional treatments associated with the procedure are not covered.

How Long Coverage Lasts

This warranty runs for 5 years from the date the crown is delivered. You must remain a patient of Grove Dental Group for the entirety of the 5 years following placement of the crown/bridge. You must maintain a minimum number of cleaning appointments every calendar year from the date of delivery. Regular patients: 2 times per year. Perio-compromised patients: 3 to 4 times per year.

What Voids The Warranty

Smoking, excessive clenching, ice chewing, refusal of treatment for diagnosed bruxism, failure to maintain cleaning appointments and recommended radiographs. Failure to complete, in our office, all treatment in the area of the mouth where the crown/bridge is located within 3 months of being diagnosed and treatment planned. Direct treatments on the restoration by persons other than Grove Dental Group employees will void this warranty.

What Will Grove Dental Group Do

Grove Dental Group will repair a restoration that proves to be defective in materials or workmanship. In the event the repair is not possible; Grove Dental Group will replace the crown with a new crown of similar material and price.

Patient Name: _____ Tooth #: _____

Patient Signature: _____ Date: _____

Treating Dentist Name: _____

Treating Dentist Signature: _____ Date: _____