



Dear Patient,

I would like to personally congratulate you for beginning the active phase of your dental implant treatment! As you realize, maintaining optimal health of your teeth and mouth is not an easy task. However, you have taken a bold decision to confront your problem head on, and you made a great decision to get healthy!

Every dental implant placed in my practice **receives a lifetime warranty**, a program that I have been implementing since 2012. The exception of this simple program is for:

- A smoker
- A person who has not had periodontal disease treated to an optimal healthy state
- A person with systemic immune deficiency including controlled or uncontrolled diabetes
- A person with bruxism or parafunction, but does not wear appropriate nightguard/splint device
- Traumatic, physical accidents after dental implant has been in function

You are now qualified for a lifetime warranty for your dental implant(s) at a reasonable fee. Your responsibility, to maintain your warranty is as follows:

- Follow the ordered home care hygiene / maintenance recommendations
- Follow the recommended professional cleaning maintenance recommendation
- Have your annual examination at my office, consisting of x-rays, bite check, and oral evaluation.

In addition to this warranty letter, please find attached your Dental Implant Treatment Record, including details of the implant components, for your future records.

Sincerest regards,

Precision Implant Care

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Patient Signature of Acknowledgement

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Date

1636 E 14<sup>th</sup> St., #123  
Brooklyn, NY 11229  
(718) 376-9600 Phone  
(718) 376-4202 Fax

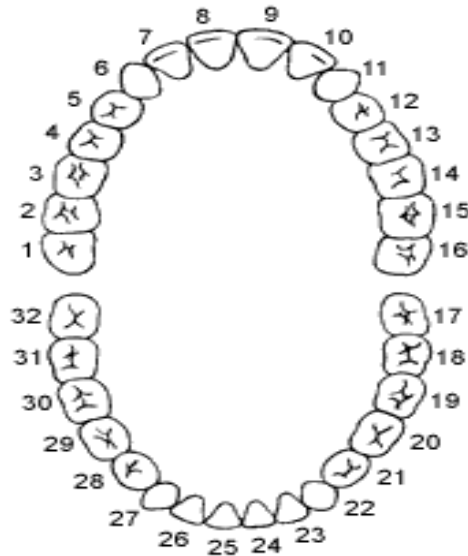


Precision Implant Care

## DENTAL IMPLANT TREATMENT RECORD FOR:

PATIENT NAME: \_\_\_\_\_

Site	Implant Type	Width	Length	Date of Surgical Placement	Date of Restoration



I hereby certify **Lifetime Warranty** on the dental implants listed above.

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

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