



Klepacki Dental Laboratory, LLC
10565 N 114th Street Suite#111
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This appliance is warranted against defects in workmanship and materials for a period of five (5) years from delivery date.

**This Warranty can only be changed or modified in writing
Claims can be made at the address above**

WHAT IS COVERED

- Repair or replacement of appliance, pro-rated.

WHAT IS NOT COVERED

- Cash Refund for prosthesis
- Costs incurred for removal or reinsertion
- Repairs resulting from accident, neglect, abuse, failure of supportive tooth or tissue structures, improper adjustments or improper dental hygiene.
- Incidental or consequential damage, including lost wages, inconvenience or pain and suffering.
- Shipping costs.

CONDITIONS WHICH MUST BE MET FOR WARRANTY TO APPLY

- Prosthesis must be inserted by a licensed practicing dentist.
- Patient must adhere to a semi-annual dental maintenance (cleaning and exam) program in the office of a licensed practicing dentist .
- The maintenance schedule on this Certificate must be documented by the attending dentist each visit to validate this Warranty.
- Within the limitations of this Warranty, the prosthesis, a copy of the work order and Warranty Certificate must be shipped to Klepacki Dental Laboratory. Claims made during the first year must include the original impression and model work from which the appliance was fabricated.

	Date:	Dr's Initials
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Patient:_____

Doctor:_____