

Dr. Timothy Kosinski  
31000 Telegraph Rd, Suite 170  
Bingham Farms MI 48025  
248 646 8651  
[www.smilecreator.net](http://www.smilecreator.net)

Repair/Replacement Policy  
For Dental Implants, veneers, permanent crowns and bridges  
Policy applies to initial placement of prosthesis

0-1 year	office 100%	patient 0%
1-2 years	office 80%	patient 20%
2-3 years	office 60%	patient 40%
3-4 years	office 40%	patient 60%
4-5 years	office 20%	patient 80%
5+ years	usual fees	

This policy is **Void** if you are a tobacco user. If you are able to quit smoking /use of tobacco successfully at least three months before surgery, please see us for a contract to ensure a standard implant policy. The policy will be void if smoking/use of tobacco is restarted at any point after quitting.

This policy is **Void** if x-rays, exams or other diagnostic material are refused; if recommended treatment or recare visits are delayed or declined by the patient; or if home care is either grossly inadequate or routinely fair to poor. It is **Void** if a medical condition or accident is the major contributing factor for failure. Excludes intravenous sedation, extractions, or grafting.

Your health and well being are important to Dr. Kosinski and his team. After undergoing a surgical procedure such as a dental implant, it is imperative that these fixtures be monitored. Therefore to insure proper health, Dr. Kosinski recommends that we see you for an evaluation and radiograph 3 months after final restoration.

Routine evaluation is a hygiene visit every 6 months with yearly radiographs. If you prefer to be seen by another dentist a report will be necessary. This will allow us to continue the warranty of your implant.

We would be delighted to follow up with you here at our office and offer you a hygiene appointment with our specially trained dental hygienists, Jeannie or Stephanie. We want to make sure you have a pleasant and long lasting result with your new dental implants.

I have read and understand the above policy.

---

Signature

Date

---

Print name

---

Witness

Date