



Aesthetic & Reconstructive Dentistry

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HYGIENE COMMITMENT FORM

WE ARE GLAD THAT YOU HAVE CHOSEN THE WEBSTER DENTAL GROUP FOR YOUR RESTORATIVE DENTAL TREATMENT. PLEASE BE ASSURED THAT YOU WILL RECEIVE THE BEST POSSIBLE CARE BY MY STAFF AND MYSELF.

ONCE TREATMENT IS COMPLETED, I DO REQUIRE THE FOLLOWING FROM YOU:

1. IF YOU HAVE HAD IMPLANTS PLACED WITH CROWN & BRIDGE, WE DO REQUIRE THAT YOU HAVE HYGIENE VISITS EVERY 3 MONTHS, WITH A PANOREX X-RAY ONCE EVERY YEAR.
2. IF YOU HAVE AN IMPLANT RETAINED DENTURE WE WILL NEED TO SEE YOU EVERY 3 MONTHS TO CLEAN AROUND THE IMPLANTS. ALSO, IF YOU HAVE A DENTURE THAT HAS EITHER HADAR CLIPS, OR O-RINGS, THEY WILL NEED TO BE REPLACED PERIODICALLY AS A RESULT OF NORMAL WEAR, AND A PANOREX X-RAY ONCE YEARLY.
3. IF YOU ARE HAVING EXTENSIVE RESTORATIVE TREATMENT, VENEERS, CROWNS, ONLAYS OR BRIDGES, WE WILL NEED TO SEE YOU EVERY 3 -4 MONTHS FOR HYGIENE VISITS, IN ORDER TO MONITOR THE RESTORATIONS. YOU WILL ALSO NEED TO HAVE YEARLY X-RAYS.

ALL OF THESE CAN BE DONE BY OUR HYGIENST AT YOUR HYGIENE VISIST. YOU WILL BE RESPONSIBLE FOR THE CHARGES FOR CLIPS, O-RINGS AND X-RAYS ALONG WITH YOUR HYGIENE VISIT.

NEGLECTING TO COMPLY WITH THE ABOVE MAY CAUSE THE PREMATURE FAILURE OF ANY RESTORATIVE WORK (CROWNS, BRIDGES, VENEERS, IMPLANTS, ETC.), FOR WHICH I FULLY UNDERSTAND, AND ACCEPT THE CONSEQUENCES OF NON-COMPLIANCE.

(NAME)

(DATE)

For the Smile of a Lifetime