



Case Identification Number:

Patient Name:

Surgeon Name:

Date:

Given the complexity and/or limitations of this case, Dencraft is unable to guarantee that this case will meet your specific design requirements.

Given the high probability of a less than optimal outcome we must obtain your consent and waiver our responsibility with respect to this case.

We will use all reasonable efforts to design and manufacture a high quality restoration, but should the product not meet your specific design requirements due to compromising elements beyond our control, we will not be under any obligation to remake this case or provide any other benefits or considerations.

This case presents with the following specific complexities and/or limitations:

If you wish for Dencraft to continue with this case subject to the above limitations, please confirm your agreement and acceptance by signing below and post this letter back to us.

Thank you for your understanding.

Best Regards,

Dencraft Lab Contact

Agreed and Accepted:

Please Print Name and Practice

Signature:

Date: