

Miller Dental Implant Laboratory  
**FINANCIAL AGREEMENT**

1. **Pay as you go** - due to the substantial overhead cost's associated with implant laboratory restorations (i.e. abutments, analogs, titanium housings, soft tissue, and more), Miller Dental Implant Laboratory must operate on a pay as you go philosophy. Each cases will be charged to the pre-authorized credit card per the form below on the day it leaves the laboratory.
2. **Satisfaction Guarantee** - Miller Dental Implant Lab offers a 100% money back satisfaction guarantee on all cases that we accept. If for any reason you or your patient are not fully satisfied with the craftsmanship of any aspect of the case, simply return it with all parts included and we will refund your credit card for the entire amount immediately. However, once a case has been cemented, our quality guarantee is initiated.
3. **Quality Guarantee** - Miller Dental Implant Lab offers a 100% quality guarantee of all crowns and abutments for a 12 month period following insertion of the case. This would cover all aspects of craftsmanship following try in of the case where shade match, occlusion, contacts, and fit have all been previously confirmed.
4. **Our 16-point Quality Control Process** - Prior to all cases leaving the laboratory, a supervising technician will virtually seat the case on a solid, previously untouched model and perform an extensive 16 point quality control confirmation process. Having worked in a dental clinic our entire career, this process has evolved to the point that we can assure with absolute confidence that a very high percentage of all restorations leaving the lab will seat in 10 minutes or less with minimal or no adjustments. Adjacent tooth mobility and impression quality are the only two factors that will lead to adjustments.
5. **Monthly Statement** - a statement will be sent each month summarizing the activities on your account.

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**Preauthorization Form: Visa, Mastercard, or American Express**

*All information is required*

Dentist Name: \_\_\_\_\_

Name on card: \_\_\_\_\_

Office Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Billing Address (if different): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

CVV code: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*\*\*Card will be charged per case prior to leaving the laboratory.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_