ANNEX M — MAINTENANCE AND DOCUMENTATION REQUIREMENTS

This annex is an integral part of this Agreement. It specifies maintenance and documentation obligations only; it does not expand the treatments or elements covered by the Agreement. References below to ADC mean Aesthetic Dental Care Costa Rica.

For maintenance references only, the zirconia prosthesis described in this Agreement may also be called fixed zirconia dentures or fixed implant-supported dentures. These are synonymous descriptions of the existing covered prosthesis, not an expansion of implant or component coverage.

M1. Advance disclosure and personalized instructions

ADC must provide the patient with a personalized care plan, oral hygiene and maintenance instructions, any prescribed protective-device instructions, and an identified official communication channel for submitting maintenance records and reporting problems. ADC must disclose these maintenance and documentation requirements before the patient commits to treatment, not as a new condition after payment, and provide the plan and instructions to the patient. This clause does not represent that a reminder system or other administrative workflow has been implemented.

M2. Required professional maintenance; local care

The patient must attend professional dental checkups and hygiene visits every six (6) months, unless an ADC specialist prescribes a different frequency based on the patient's clinical conditions. The prescribed frequency must be recorded in the personalized care plan and communicated to the patient. These routine maintenance visits may be performed by a qualified local dentist or dental hygiene professional acting within their lawful scope of practice, in accordance with ADC's personalized instructions. The patient is not required to travel to Costa Rica every six (6) months solely for routine maintenance. This permission concerns routine maintenance only and does not change the Agreement's location or written-exception provisions for warranty evaluation and corrective services. Radiographs are required only when clinically indicated, not automatically at each six-month visit.

M3. Patient responsibility independent of reminders

The patient is solely responsible for scheduling and attending required maintenance visits, retaining the relevant proof, and submitting it to ADC as required by this annex, whether or not ADC sends a reminder. The absence of a reminder does not

remove these obligations.

M4. Records and submission within thirty days after each visit

The patient must retain proof of each maintenance visit and send it to ADC through the identified official communication channel within thirty (30) days after that visit. The proof must identify the patient, visit date, provider name and contact information, actual procedures performed, and findings relevant to the covered treatment and its maintenance. Only relevant information is required; this is not a demand for the patient's entire medical record. A clinician's record or other reliable documentation containing these details may be used. The accompanying blank maintenance record is optional, not an exclusive form or an additional coverage condition.

M5. Treatment and follow-up appointments

The patient must follow the treatment and clinical follow-up appointments prescribed by ADC, including any post-surgical or provisional-prosthesis appointment applicable under the Agreement. If an appointment cannot be attended, the patient must contact ADC in a timely manner to coordinate rescheduling in accordance with clinical needs. This requirement does not change any approximately four-month follow-up described in the Agreement or establish coverage during a phase not expressly covered by it.

M6. Daily care, protective devices, and warning signs

The patient must follow the personalized hygiene, care, maintenance, and use instructions provided by ADC; use any prescribed night guard or other protective device as instructed; and promptly report to ADC if it is lost, broken, or poorly fitting so that appropriate guidance can be obtained. The patient must promptly report pain, mobility, fracture, or detachment affecting the covered restoration or related treatment and seek timely care as clinically needed.

M7. Relevant medical information

The patient must provide complete and truthful medical and dental information relevant to treatment and maintenance, and promptly report relevant changes in health, medications, or treatment that may affect the covered restoration or related treatment. This requirement is limited to relevant information and does not impose blanket disclosure of unrelated medical data.

M8. Third-party care and urgent needs

Before a nonurgent third-party repair, modification, or other corrective intervention on the covered restoration or related treatment, the patient must contact ADC and allow it to evaluate the reported failure whenever reasonably possible. Urgent care must never be delayed to obtain ADC contact, evaluation, or permission. The patient should report urgent intervention to ADC as soon as reasonably possible and retain

relevant records of the intervention. This provision clarifies the Agreement's reasonably-possible evaluation requirements; the existing causal exclusions for third-party intervention otherwise remain unchanged.

M9. Causation and missing documentation

A late visit, late submission, missing record, or unrelated omission does not automatically void or suspend this warranty, or remove coverage for independent failures. A maintenance-related exclusion may apply only to the relevant claimed failure when clinical and, where appropriate, technical evaluation determines that lack of maintenance, follow-up, or timely care directly caused or directly contributed to that failure, consistently with the Agreement's causal standards. Missing documentation is not, by itself, proof that care was not performed. ADC may make a reasonable, case-specific request for completion of relevant missing documentation needed to assess a claim, and the patient must be allowed to supply it. This annex creates no fixed grace period or response deadline for such requests, no automatic denial for missing documentation, and no waiver of mandatory patient rights.

M10. Unchanged warranty term, rights, costs, and location

Maintenance visits and record submissions are not an annual renewal, extension, or restart of the warranty. The original warranty term and its final-delivery starting point remain unchanged; this annex creates no separate fee or financial condition. Covered treatments, covered failures, causal exclusions unrelated to the targeted maintenance obligations, mandatory rights, warranty-service location, travel expenses, and allocation of clinical costs remain governed by the original provisions of this Agreement. No hotel or airfare benefit is incorporated into this warranty by this annex. Where maintenance or documentation wording elsewhere differs from this annex, this annex controls only those targeted obligations and their causal consequences, subject always to mandatory law.