

INFORMED CONSENT

I _____ give my dentist Dr. John Tate permission to remove serviceable amalgam fillings and other non-precious metals from my teeth and replace them with dental materials considered to be biocompatible based on existing scientific research. These materials may include, but are not limited to, composite resins, ceramic, porcelain, gold alloys or titanium.

My dentist has provided me with a personal copy of the book DENTISTRY WITHOUT MERCURY, which explains the pros and cons of the use of amalgam as a dental material and also gives the position of the American Dental Association on the safety of dental amalgam. Any questions I had that were not answered by the book were subsequently answered to my satisfaction by my dentist.

My dentist has explained to me that:

1. Although one or more of my subjective or objective signs or symptoms may resemble the signs or symptoms of mercury toxicity, I understand that this does not mean that I am suffering from the effects of mercury toxicity either directly or indirectly.
2. Any sign, symptom, problem, or health condition that I have outside the mouth may involve general health or medical questions. Dr. Tate limits his counsel to dentistry, and recommends that I consult a physician for any general health or medical concerns or questions which I have. Further, my dentist has not told me or represented to me that replacing my amalgam fillings or non-precious metals would have any beneficial health effect on me at all.
3. My dentist has explained the advantages and disadvantages of the materials chosen to replace the amalgams, including the fact that there have not been a sufficient number of years of use to scientifically prove wear characteristics. Accordingly, at this time, it is not known if posterior composites will last as long as dental amalgam and therefore may have to be replaced more frequently than amalgam. The pros and cons of other available alternative dental materials have also been explained to me.
4. The ceramic (Cerec) technology is now available in this office as the best filling material to replace missing tooth structure. The Cerec restoration is guaranteed by this office as long as the patient remains on the six month hygiene program.

As might occur with the placement of amalgam, gold, or any other dental material, I understand that there are situations beyond the control of my dentist that may necessitate endodontic treatment or removal of an existing tooth despite precautions taken and proper procedures utilized. In addition, I understand that during the removal and replacement of dental materials, it is possible to have a delayed allergic reaction which is like a general sickness. Should I begin to feel poorly for no explained reason, I understand that it is my responsibility to advise my dentist immediately and to seek medical treatment.

My questions concerning the treatment plan recommended by my dentist and agreed to by me have been fully answered and I have read this statement and am satisfied that I have been fully informed.

Signature _____ Date _____

Please print Name _____

Witness _____ Date _____

Please print Name _____