

Amalgam Removal Informed Consent

I, _____ (print patient name) hereby request that Ray G. Behm, DDS remove my dental amalgam fillings and other non-precious metals from my teeth and to replace them with dental materials presently considered to be bio-compatible based on existing scientific research. These materials include posterior composite direct resins and lab indirect resins (crowns, inlays or onlays).

It has been explained to me that although the signs and symptoms of mercury toxicity outlined in the scientific literature may reflect signs or symptoms that I presently have, there is as yet insufficient scientific evidence that removing amalgam fillings from my teeth will cause the cure or amelioration of any healthy problems or conditions. Furthermore, Dr. Behm has made no representation that replacing my amalgam fillings/non-precious metals will affect or cure any specific symptoms or medical problems I may have.

If a posterior composite resin or a lab indirect resin is the material chosen to replace dental amalgam and other non-precious material, the advantages and disadvantages of the materials chosen have been explained to me, including the fact that there has not been a sufficient number of years of use to scientifically prove its 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.

As might occur with the placement of amalgam, gold, or any other dental material, I understand that there are situation beyond the control of my dentist that may necessitate endodontic (root canal) treatment and/or removal of existing teeth despite precautions taken and proper procedures utilized.

My questions concerning the treatment plan recommended by Dr. Behm have been answered. I have read this statement and am satisfied that I have been fully informed.

Patient signature

Date

Ray Behm DDS

Date

Witness signature

Div 2/IC Forms

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