

MERCURY AMALGAM REMOVAL CONSENT FORM

I, _____, give James W. Medlock, DDS, PA, permission to perform dental procedures that may improve, eliminate, or ameliorate any restoration(s) that are decayed, broken, or corroded. He may also do procedures that may improve the condition of my gums and/or bite. I also give him permission to remove my dental amalgam fillings, and other dental materials considered a possible problem for my health by existing scientific research. These may be replaced with materials that are considered biocompatible based on existing research. These replacement materials include, but are not limited to, bonded composites, precious alloys (generally with some gold), and/or ceramics. If a tooth requires a full crown, the first choice will be a zirconium-based ceramic glass. I have the option of biocompatibility testing (Clifford Laboratory) to determine which of these replacement materials may be least offensive to my health.

It has been explained to me that although the signs and symptoms of mercury toxicity outlined in the scientific literature may reflect signs and symptoms that I presently have, there is as yet insufficient scientific evidence that removing amalgam fillings from my mouth will cause the cure or amelioration of my health problems. All mercury amalgam fillings will be removed following the strict protocol of the IAOMT, which has been explained to me. Furthermore, Dr. Medlock has made no representation that replacing my amalgam fillings, non-precious metals or other dental material will affect or cure any of my symptoms or medical problems.

If a composite resin is the material chosen to replace mercury dental amalgam and other restorations, the advantages and disadvantages of this class of materials has been explained to me. Also, depending on my bite, dietary habits, biocompatibility, and the location and size of the restoration, it may have to be replaced more frequently than amalgam. Current research does show that the latest generation of composites is comparable to mercury amalgam in wear.

As might occur with the routine replacement of mercury amalgam, non-precious metal, or with more biocompatible materials, I understand that there are situations beyond the control of Dr. Medlock that may result in tooth sensitivity and/or may necessitate root canal therapy, and/or the loss of a tooth, despite the precautions taken, proper procedures employed, and the use of routine care, skill and judgment.

My questions concerning the treatment plan, recommended by Dr. Medlock and agreed to by me, have been fully answered. I have read this statement fully and understand it. Every effort has been made to supply me with whatever scientific literature I would need in order to make an intelligent decision concerning my dental care.

Signature

Witness

Date