

## Dental Treatment Consent Form

Before I, Stephen Lawrence, D.D.S., can remove your dental amalgam fillings and other nonprecious metals from your mouth, I want to first provide you with certain information. This information sheet attempts to explain some of the current information on dental amalgam fillings and replacement materials used in dentistry.

### **Indirect Resin Inlay/Onlays and Crowns:**

1. Indirect resin's advantages include: biocompatibility, high strength, beautiful appearance, durability and safe to opposing teeth.
2. Indirect resin's disadvantages include: takes 2 visits to complete and moderate cost.
3. Indirect resin's average fee range is \$900-1300/fillings and \$1050-1400/crowns.

### **Direct Resin Fillings (Bonding):**

1. Direct resin's advantages include: biocompatibility, beautiful appearance, quick and inexpensive placement.
2. Direct resin's disadvantages include: softest material with unknown longevity, common post-operative pain, cannot reliably seal to deep cavities and is not recommended for large fillings or back teeth.
3. Direct resin's average fee range is \$315-945/filling.

### **Porcelain Fillings and Crowns:**

1. Porcelain's advantages include: high strength, beautiful appearance and durability.
2. Porcelain's disadvantages include: takes 2 visits to complete, most expensive cost, prone to fracture and wears opposing teeth.
3. Porcelain's average fee range is \$1000-1500/filling and \$1500-1650/crowns.

### **Gold Fillings and Crowns:**

1. Gold's advantages include: high strength, durability and precision fit.
2. Gold's disadvantages include: poor appearance, high cost and potential corrosion of adjoining amalgam fillings.
3. Gold's average fee range is \$1050-1300/fillings and \$1500-1800/crowns.

### **Dental Amalgam Fillings:**

1. Dental amalgam fillings contain mercury and release mercury over the entire lifetime of the restoration.
2. Mercury is a systematic poison and can pose a health risk.
3. The estimated exposure to a patient with 7 or more mercury fillings in their mouth is 1 to 30 ug/day. (micrograms/day)
4. In certain people this can represent a significant portion of their average daily exposure.
5. The daily mercury intake from dental amalgam in persons with 8 or more amalgams can exceed the acceptable daily intake set by the U.S. EPA for water and air.
6. Exposure to low occupational levels of mercury has been demonstrated to lead to adverse clinical and subclinical health effects.
7. The removal of amalgam eliminates a chronic source of low levels exposure to mercury, but is not proven that the removal of amalgam has an effect. While the potential for positive or negative effects cannot be dismissed, the current state of knowledge in this area is subject to uncertainty.
8. Dental amalgam has never been proven safe, and there is an on-going controversy over the safety of this material.
9. The primary reason why amalgam is used is because it is cheap and easy to apply.

# Patient Consent Form

As might occur with the placement of amalgam, gold or any dental materials, I understand that there are situations beyond the control of my dentist that may necessitate root canal treatment, removal of an existing tooth or TMJ pain and soreness despite precautions and proper procedures utilized.

It is common to experience some temperature sensitivity with the temporary fillings and after the seating of the permanent fillings or crowns. This is usually due to the bonding agents and the treatment process and is only temporary. If the restorations feel high to the bite or when chewing food, please let us know so we can adjust the bite.

I, the patient, understand that because this is elective dental treatment, in general no insurance plans or policies cover the cost of this treatment, and I am responsible for the full fees for the service on the day of treatment. The dental office can assist in providing me with dental information for my claim forms but I am personally responsible for all my communications with my insurance company and they will reimburse me, the patient, directly if appropriate.

I \_\_\_\_\_ request that my dentist, Stephen A. Lawrence, D.D.S., remove dental amalgam fillings and other nonprecious metals from my teeth and replace them with the dental materials he considers to be biocompatible based on existing scientific research. These materials include but are not limited to: Indirect Resins, Direct Resins, Porcelain and Gold.

My dentist has made available to me information and literature relating to the evidence of the pros and cons of toxicology to mercury and dental materials that may be in my mouth. Any questions I had that were not answered by this literature were subsequently answered 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 heavy metal toxicity, I understand that this does not mean that I am suffering of heavy metal toxicity, either directly or indirectly.
2. There is no scientific evidence that the removal of any amalgam fillings or nonprecious metal restoration will cure or improve any signs, symptoms, problems or condition that I have.
3. Any sign, symptom, problem or condition that I have, other than my dental conditions, may involve a general health or medical question. My dentist is limiting his advise to the mouth 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 nonprecious metals would have any effect on me at all.

In conclusion, Dr. Lawrence has answered all of the questions which I had about the amalgam and nonprecious metal controversy; he has provided me the pros and contras concerning this matter, including the position of the American Dental Association; he urged me to discuss this matter with other people including my physician, and after thinking about this matter on my own, I herewith ask Dr. Lawrence to remove my metal fillings using his best judgement in the matter.

Patient signature \_\_\_\_\_

Date \_\_\_\_\_

Please Print Name \_\_\_\_\_