

Doctor's Name _____
Address _____
Phone _____
Date _____

Informed Consent for the Removal of
MERCURY CONTAINING DENTAL AMALGAM

I, _____, hereby authorize my dentist Dr. _____ to remove dental amalgam filings and other non-precious metals from my teeth and replace them with dental materials presently considered biocompatible based on existing scientific research. These materials include; posterior composite resins, ceramic, porcelain, and gold (noble quality).

Dr. _____

**Patient
Initial**

- | | |
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| 1. IT'S ALL IN YOUR HEAD: Hal Huggins, D.D.S. | _____ |
| 2. MERCURY TOXICITY: Joyal Taylor, D.D.S. | _____ |
| 3. TOXIC TIME BOMB: Sam Ziff | _____ |
| 4. DENTAL CARIES AS A CAUSE OF NERVOUS DISORDER: P. Stortebecker, M.D., Ph.D. | _____ |
| 5. MERCURY POISONING: P. Stortebecker, M.D., Ph.D. | _____ |
| 6. INFERTILITY AND BIRTH DEFECTS: Sam Ziff & Michael Ziff, DDS | _____ |
| 7. ARE YOUR DENTAL FILLINGS HURTING YOU?: Guy Fasciana, DMD | _____ |
| 8. QUICKSILVER (a Video) | _____ |
| 9. DOCUMENTARY by DAVID COLLINS (a Video) | _____ |
| 10. EFFECTS of MERCURY-SILVER AMALGAM (a Video) | _____ |
| 11. MERCURY COMMENTARY – 5/16/88 (a Video) | _____ |
| 12. REVIEW on the BIOCOMPATIBILITY on DENTAL AMALGAM
(California Dental Association, Feb. 1989) Literature | _____ |
| 13. MERCURY AMALGAM CONTROVERSY - Educational Study Packet
(American Dental Association, 1988) | _____ |

Any questions I had that were not answered by the above materials, were subsequently answered to my satisfaction by, Dr. _____

It has been explained to me that I may have signs and symptoms of hyper-sensitivity to mercury toxicity outlined in the scientific literature. However, there is yet insufficient scientific evidence that removing amalgam fillings from my teeth will cause the cure or amelioration of **ANY** health problems or conditions. Furthermore, Dr. _____ has made no representation that replacing my amalgam fillings/non-precious metals will effect or cure any specific symptoms or medical problems I may have.