

Amalgam Removal Consent Form

I _____ request that my dentist, John J. Tortora, DDS
(Please print name) remove dental amalgam fillings and or other non-precious metals from my teeth and replace them with dental materials presently considered more biocompatible based on existing scientific research. These materials include: posterior composite resins, ceramic, porcelain, and gold.

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 no scientific evidence that removing amalgam fillings from my teeth will cause the cure or amelioration of any health problems or conditions. Furthermore, my dentist 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.

If a posterior composite resin is the material chosen to replace dental amalgam and other non-precious materials, the advantages and disadvantages of the material chosen has been explained to me including the fact that 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 situations beyond the control of my dentist that may necessitate endodontic (root canal) treatment and or removal of an existing tooth despite precautions taken and proper procedures utilized. Also the premature need for full crowns increases as large amalgam restorations are removed. My questions concerning the treatment plan have been fully answered and I have read this statement and fully understand it.

Signature _____

Date _____

Please Print Name _____