

Margaret Elizabeth Rayne, D.D.S.

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Informed Consent for Amalgam Removal (And other restorative materials)

Please initial each item on the line provided.

_____ I, _____, give my dentist Margaret Elizabeth Rayne, DDS, permission to remove dental amalgam fillings and other restorative materials from my teeth, and replace them with dental materials presently considered bio-compatible, based on the recommendation of my referring healthcare practitioner and/or my own choice.

_____ I understand that although the signs and symptoms of mercury toxicity outlined in the scientific literature may reflect signs and symptoms that I presently may have, there is not yet sufficient scientific evidence that removing amalgam fillings, gold, metals or composites from my teeth will cause any cure, or improvement in any of my health problems or conditions. Furthermore, Dr. Rayne has made no representation that replacing my amalgam fillings and/or other restorative materials will affect or cure any specific symptoms or medical problems I may have.

_____ I choose to replace my dental amalgam and/or other restorative materials. I have reviewed my treatment options, and the risks and benefits of the material chosen have been explained to me, including the fact that there has not been a sufficient number of years of use to scientifically prove wear characteristics.

_____ As might occur with the replacement of amalgam, gold, or any other dental material, I understand there are situations beyond the control of my dentist that may necessitate endodontic treatment and/or removal of an existing tooth despite precautions taken and proper procedures utilized.

_____ Before dental work is initiated a treatment plan will be presented to me and thoroughly discussed by Dr. Rayne or a member of her staff. I understand the treatment plan is only a guideline and may change as treatment begins.

* Please review the reverse of this page

Replacement Materials:

Please Initial:

_____ I understand that depending on the reason I have ceramic/resin/hybrid restorations placed, alternatives may exist. I have asked my dentist about them and their respective expenses. My questions have been answered to my satisfaction regarding the procedures and their risks and costs.

_____ I understand that various types of testing are available (muscle, blood, skin), at my expense, to help determine my specific material tolerance profile. These services are not performed by Dr. Rayne. I have had an opportunity to explore/complete these tests.

Please Initial one of the following, as it applies to you:

_____ I elect not to have these tests performed and allow Dr. Rayne to determine the most appropriate materials for my treatment.

_____ I have completed these tests and provided Dr. Rayne with the results so that she may use the most appropriate materials for me specifically.

I have read and fully understand this statement. The risks, benefits and consequences of amalgam removal, and/or the removal of other restorative materials and their replacement have been thoroughly explained to me. No guarantee or assurance has been given to me by anyone that the proposed treatment or surgery will cure or improve any health conditions I may have.

Signature

Today's Date