

Stuart M. Nunnally, D.D.S., F.A.G.D.
Lane B. Freeman, D.D.S.
Candice H. Owens, D.D.S.

AMALGAM REMOVAL INFORMED CONSENT

I, the undersigned request that my dentist, Dr. Nunnally, Teague, Freeman or Owens remove dental amalgam fillings 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.

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 as yet incomplete scientific evidence that removing amalgam fillings from my teeth will cause the cure or amelioration of certain health problems or conditions. Furthermore, my dentist has made no representation that replacing my amalgam fillings or non-precious metal will affect or cure any specific symptoms or medical problems I may have.

If a posterior composite resin is the material chosen to replace dental amalgam or other non-precious metals, the advantages and disadvantages of the materials chosen have been explained to me. Since there are many factors that affect the longevity of any restoration, it is not known how often composites will need to be replaced.

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 result in sensitive teeth and may necessitate further treatment and/or removal of an existing tooth, despite precautions taken and proper procedures utilized.

Before dental work is performed, a treatment plan will be presented to me and thoroughly discussed by Dr. Nunnally, Teague or Freeman. I understand the treatment plan is only a guideline and may change after dentistry has begun.

Note: The preceding release does not obligate the patient to have any dentistry performed.
I have read this statement and fully understand it.

Signature _____ Date _____
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