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Amalgam Removal Informed Consent

I have requested an estimate to remove dental amalgam fillings and other non-precious metals from my teeth, and to replace them with dental materials presently considered biocompatible based on existing scientific research. These materials include: posterior composite resins, ceramics, porcelains, zirconia 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 insufficient scientific evidence that removing amalgam fillings or other non-precious metals 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 or non-precious metals will affect or cure specific symptoms of medical problems I may have.

**Note: The preceding release does not obligate the patient to have any dentistry performed.**

**I have read this statement and fully understand it.**

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_