

To Our Many Patients and Friends:

Just a short time ago, there were two primary types of restorations, fillings and cast crowns. With the recent addition of the bonded restorations the patient now has available a large number of different types of restorations. For many years, this practice has been dedicated to the placement of the new bonded restorations: restorations that increase the strength and decay resistance of the teeth. We have also advocated the removal of old Mercury-Silver-Amalgam fillings as they began to deteriorate because, in our opinion, the new bonded restorations are safer for your teeth than the old types of fillings.

You, as a patient and consumer, have the right to know that the American Dental Association still favors the use of the Mercury-Silver-Amalgam fillings. However, we believe that the Mercury-Silver-Amalgam fillings have been proven in the general more damaging of your teeth when compared to restoring your teeth with the bondings in most instances. You have the right to request "traditional" Mercury-Silver-Amalgam.

This form is an informed consent form for the purpose of the allowing the patient to make a rational choice of materials for repairing damaged teeth.

1. You have the right to be informed and to make you own choices concerning your dental health.
2. The American Dental Association official position is that there is not conclusive proof that Mercury contained in dental fillings is damaging to health.
3. There has been no guarantee that your health will be improved in any way be the removal of your Mercury-Silver-Amalgam fillings.
4. Information has been made available to you on the various types of restorative materials suitable to repair teeth upon your request.
5. That other types of filling materials may also be toxic in your system.
6. That other alternatives have been offered to you.
7. That a tooth that has been previously symptomatic may become symptomatic (Primarily, sensitive to hot, cold pressure, or any combinations) as a direct result of treatment.
8. Teeth that have been treated (restored) may require extensive additional unforeseen treatment such as crowns, and root canal therapy.
9. That by removing existing restorations, your teeth may be irreversibly damaged to that points that a tooth (teeth) can be lost.
10. That a full financial disclosure and treatment plan has been made available to you.
11. That NO warranties or guarantees of any sort have been made concerning the outcome of your treatment.
12. That this office has made additional materials available, written, verbal, and visual, to help you in making your informed consent to treatment.
13. You, the undersigned seek treatment for yourself or those individuals under your care through your own free will.
14. This practice relies on many treatments to provide conservative dentistry, which include turbine driven hand-pieces, ultra sonic and other kinetic energy devices, lasers, and a variety of chemicals and materials chosen to provide a specific result. You are requested and encouraged to ask about any treatment procedure.

This practice is actively involved in the teaching of other dental professionals. We may take extensive photographic records for that purpose. Other professionals may be present to observe our techniques. You have the right to privacy. You may request no photographs be taken and/or other personnel be in your treatment room other than the staff of this office.

The emphasis of the practice has been dedicated to the conservation of the patient's teeth. Dr. Rainey has extensively researched past and present literature in an effort to bring to his patients treatments that are as conservative as he know how to provide. He uses many treatments that are on the cutting edge of technology. which include turbine driven hand pieces, ultrasonic and other kinetic energy devices, lasers, and a variety of chemicals and materials chosen to provide a specific result. There is no warranty or guarantee implied by any of these services. These treatments are designed with Dr. Rainey's best interest for you and your loved ones in mind. You are requested and encouraged to ask about any treatment procedure.

I UNDERSTAND THE ABOVE STATEMENTS AND HAVE BEEN INFORMED OF MY RIGHTS

I have read the notice of privacy practices. A copy of the privacy practices is available upon request.

Signed _____ Date _____