

INFORMED CONSENT for non-standard care

5-30-08

This informed consent is given to Ronald L. King, DDS and Giang T. Pham, DDS because the concept of oral and dental treatment negatively influencing general health is **very controversial** and generally is **not accepted as valid or beneficial** by the dental and medical professions. I have been given written information about these issues, been given adequate answers to my questions, been invited to a telephone question & answer session, been advised of books that I can purchase to advance my knowledge of these issues, and definitely have not been influenced toward any particular treatment. I understand that although some signs or symptoms I have may have been reported in the literature, it does not absolutely mean I am suffering from side-effects of my existing dental work. I understand that any sign, symptom, problem, or condition I have outside the oral cavity will require a medical opinion. The above dentists are limiting their services to my oral conditions and recommend that I consult a physician or other appropriate healthcare practitioner for medical issues. Lastly, they have not made any representation, either verbally or non-verbally, that these treatments will effect or cure any specific symptoms or medical problems that I have. THEREFORE ...

_____ I give permission to use non-standard dental materials of my choice that may not be as durable, efficient,
(initial) gentle, or cost effective as what most other dentists would use. I accept that there are situations beyond the control of any dentist that may result despite proper and appropriate precautions, such as but not limited to, teeth dying, tooth sensitivity, hairline cracks in teeth, jaw joint problems, and mouth irritations.

_____ I give permission to use any information given him by any healthcare practitioner in formulating my
(initial) treatment plan, even if this information is unconventional, controversial, or experimental.

_____ I will not hold them, or any dentist they refer me to, professionally or financially responsible for any
(initial) unexpected problems resulting from complications with requested controversial treatment. I accept that there are situations beyond the control of any dentist that may result despite appropriate precautions. Such situations include, but not limited to, teeth dying, tooth sensitivity, hairline cracks in teeth, jaw joint problems, and mouth irritations. Such treatments include, but are not limited to, extraction of root canal filled teeth (which may not appear to have pathology by conventional diagnostic methods), surgical removal of suspected bone cavitations (NICO), or surgical removal of amalgam tattoos.

I have carefully read this informed consent statement and fully understand it, and accept it as my own statements.

Date _____

Patient name (print) _____

Patient signature _____

If patient is a child:

Parent or Guardian name (print) _____

Parent or Guardian signature _____

(over)

RETREATMENT OPTIONS

Because you have expressed a concern about the controversial concept that dental materials or treatments could be toxic or incompatible, and could be a negative factor in disease and dysfunction, there are a number of issues you should be aware of and understand, and some difficult decisions you must make before having any dental retreatment. It must be emphasized that dental retreatment is just one option among many, and that disease is a complex problem. Many practitioners believe health issues can and should be addressed without dental retreatment. Others think removal of toxic dental sources is necessary before other treatments will help. Still others believe improper diet and stressful lifestyle allows disease to develop. Who is right, or are they all right . . . sometimes? Unfortunately, no test or healthcare practitioner can tell you what absolutely will benefit you. We do not make any decisions for you, nor will we recommend any particular treatment for legal and ethical reasons. Our role is to offer information about dental options, benefits, risks, and provide dental care that you decide is appropriate.

To help you answer these questions, we offer an educational website, written handouts, and free telephone question and answer sessions to explain and discuss dental procedures, concepts, and options that exist. In-office and phone consultations by appointment are available for a fee. No matter what you decide, there will always be some doubt, criticism, and uncertainty! Research, consult, discuss, and think it over carefully, but then proceed with treatment with a positive attitude.

Patient Name: _____ Date: _____

Please realize that we are unable to plan treatment and schedule appointments until we know how you feel about these concepts. Therefore, you must eventually answer ALL of these questions with either a yes or no, and sign the informed consent for non-standard care on the other side before any treatment can begin.

(Please **circle** your answer)

- | | | | |
|-----|----|---|---|
| YES | NO | ? | 1. Are you consulting another practitioner for health or <u>toxicity issues</u> ? |
| YES | NO | ? | 2. Do you plan to utilize dental material <u>biocompatibility</u> testing? |
| YES | NO | ? | 3. Do you plan to utilize testing to <u>prioritize</u> dental treatment? |
| YES | NO | ? | 4. Do you plan to utilize a <u>pretreatment</u> program? |
| YES | NO | ? | 5. Do you plan to utilize an established <u>protocol</u> , such as Huggins, Aguilera, or Cook? |
| YES | NO | ? | 6. Do you plan to replace all <u>amalgam</u> (silver, mercury) fillings, even if there is no decay or physical breakdown? |
| YES | NO | ? | 7. Do you plan to replace <u>composites</u> because of unknown biocompatibility, even if there is no decay or physical breakdown? |
| YES | NO | ? | 8. Do you plan to have <u>amalgam tatoos</u> surgically removed? |
| YES | NO | ? | 9. Do you plan to replace crowns, bridges, or inlays which contain metal because of <u>mercury contamination</u> , unknown biocompatibility, or electrical charges? |
| YES | NO | ? | 10. Do you plan to replace crowns or bridges because there might be <u>amalgam beneath</u> them? |
| YES | NO | ? | 11. Do you plan to replace partial or full <u>dentures</u> because of unknown biocompatibility? |
| YES | NO | ? | 12. Do you plan to <u>retreat</u> root canal filled teeth? |
| YES | NO | ? | 13. Do you plan to <u>extract</u> root canal filled teeth, even if there is no evidence of physical breakdown? |
| YES | NO | ? | 14. Do you plan to have old extraction sites surgically treated for suspected bone <u>cavitations</u> ? |
| YES | NO | ? | 15. Do you have dental <u>implants</u> now? |
| YES | NO | ? | 16. Do you plan to utilize a <u>detoxification</u> program? |