



First Avenue Dental Care

Personalized & Comfortable

Timothy S. Chapman D.M.D.

RE: Consent for the Removal of Amalgam Fillings

I voluntarily consent to the removal of my amalgam fillings and I have requested that they be removed.

Medical symptoms, if any, may not lessen after the amalgam fillings have been removed.

The procedure has been fully explained to me including the risks involved. I have been informed that complications might include, but are not limited to:

1. Pain, bruising and swelling
2. Structural damage to the tooth which might necessitate a full coverage crown
3. Nerve damage which might require root canal therapy or even the loss of the tooth

I have had an opportunity to ask questions and am fully satisfied with the answers I have received. I release you, unconditionally, from liability for the removal of my amalgam fillings and accept the responsibility for the possible consequences of this procedure.

Patient Signature _____ Date _____

Witness Signature _____ Date _____