



CONSENT FOR NON-STANDARD CARE

This informed consent is given to King Tooth Doctors. The concept of oral and dental treatment negatively influencing general health is **very controversial** and currently **not accepted as valid or beneficial** by the dental and medical professions. Therefore I approached King Tooth Doctors about these issues and I have been given written information about these issues, and my questions have been answered. I have 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 resemble heavy metal toxicity, I know that this does not absolutely mean I am suffering from the effects of heavy metal toxicity, or that my existing dental work is a source of any heavy metal exposure or toxicity. I understand that any sign, symptom, problem, or condition I have outside the oral cavity will require a medical opinion. King Tooth is limiting its services to my oral conditions, and recommends that I consult a physician or other appropriate healthcare provider for medical issues. Finally, King Tooth Doctors 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.

_____ I give King Tooth Doctors permission to replace any serviceable dental restorations of my choice with dental materials of my choice. These materials may include non-standard materials that may not be as durable, efficient, gentle, or cost effective to perform. 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 King Tooth Doctors to use any information given him by any healthcare practitioner in formulating my treatment plan, even if this information is unconventional, controversial, or experimental.

_____ I will not hold King Tooth Doctors, or any dentist he refers me to, professionally or financial responsible for any 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.

Name: _____
Date: _____
Signature: _____