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Name/Naam: _____ Date: _____ Do you have any of the following conditions or symptoms? (Please read carefully and answer very honestly) Het u enige van die volgende kondisies of simptome? (Lees asb. aandagtig deur en antwoord baie eerlik)

HEAVY METAL POISONING QUESTIONNAIRE / SWAAR METAALVERGIFTIGING VRAELYS:

	Unsure/ Onseker	No/ Nee	Little/ Min	Mild/ Matig	Extreme / Erg
10 or more fillings / 10 of meer silwer vulsels?					
Depression or heavy heartedness? Depressie of swarmoedigheid?					
Muscle twitching / Spier spasmas?					
Lowered resistance / Verlaagde weerstand?					
Unexplained anxiety / Onverklaarbare angstigheid?					
Difficulty in walking / Moeilik om te loop?					
Metallic taste in mouth / Metaal smaak in mond?					
Headaches or migraine / Hoofpyne of skeelhoofpyne?					
Chestpains or pains in side / Borskas pyne of pyn in sye?					
Unexplained arthritis or muscle and joint pains / Onverklaarbare artritiss of spier en gewrigs probleme					
Itching lower legs or burning footsoles / Jeuklende onderbene of brandende voetsole					
Kidney and or liver problems / Nier of lewer probleme?					
Unexplained irritability / Onverklaarbare geirriteerdheid					
Aggressiveness and or short tempered / aggresiwiteit en of kort van draad					
Confusion, forgetfulness, not clear minded / Deurmekaarheid, vergeetagtigheid of wasigheid					
Ringing in the ears / fluit gevoel in die ore of suiging					
Shaking of hands and or arms (tremors) / Rukking van hande en of arms					
Brown (age) spots / Bruin (ouderdomsverwante) vlekke					
Food intolerances / Voedsel allergiee					
Numbness in extremities hands or feet / Gevoelloosheid in ekstrimiteite – hande of voete					
Sore gums, burning mouth or tongue / Seer tandvleis, brandende mond of tong					
Candida syndrome or fungus infection / Candida sindroom of swam infeksie					
Cold hands and feet even in summer / Koue hande en voete selfs in somer					
Racing heartbeat – rapid pulse – tachycardia / Versnelde pols tempo en of hartkloppings					
Mucus in stools and or constipation / Slymerige stoelgange en of hardlywigheid					
Frequent insomnia and or restlessness / Gereelde slapeloosheid en of rusteloosheid					
Extreme or chronic fatigue / Uitermatige, chroniese moegheid					
“Nothing wrong” syndrome / “Niks fout” sindroom					

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Informed consent to mercury free dental

I _____, give the dentist DR. REYNHARD P VAN EEDEN permission to remove serviceable as well as non-serviceable dental amalgam fillings and no other no-precious metals from my teeth and replace them with dental materials considered to be biocompatible based on existing scientific research. These materials may include, but are not limited to, glass ionomers, composite resins, ceramic/porcelain, gold alloys and titanium.

It has been explained to me and I understand that:

1. Although one or more of my objective or subjective signs or symptoms may resemble the signs or symptoms of mercury toxicity, I understand that this does not mean that I am suffering from the effects of mercury toxicity either directly or indirectly.
2. Although there are scientific evidence (done in animal studies) that removal of my amalgam dental fillings can improve and or cure any signs, symptoms, problems or health conditions.
3. Any signs, symptoms, problems or health conditions that I have outside my mouth may involve a general health or medical question. DR REYNHARD P VAN EEDEN limit my advice to the mouth, head and neck areas and recommend that I consult a qualified physician/specialist and/or qualified homeopath/toxicologist for any general health or medical concerns or questions I may have. Further, neither DR REYNHARD P VAN EEDEN, nor my staff have promised or represented that by replacing amalgam fillings, precious – and non-precious metals would have any beneficial health effect on me at all.
4. I understand that I may or may not see any health benefits due to the replacement of my current dental work.
5. As might occur with placement of fillings or other dental material, I understand that there are situations beyond the control of the dentist that may necessitate endodontic treatment or removal of an existing tooth despite precautions taken and proper procedures utilised.
6. The advantages and disadvantages of the material chosen to replace dental amalgam and other non-precious materials have been explained to me.
7. In addition, I understand that during the removal and replacement of dental materials, it is possible to have an allergic type reaction, which is like a general sickness. Should I begin feeling poorly for no explained reason, I understand it is my responsibility to advice my dentist immediately and to seek medical treatment.
8. Apart from the physical removal of the amalgam from my teeth (see www.iaomt.org protocol), this practice also follows its own additional protocol to protect you, the patient, from harmful, systemic exposure before, during and after removal of the fillings.

I _____, hereby acknowledge that this protocol has been discussed with me:

1. Measurement of my metal body burden urine challenge test pre-operative (i.e. referral to homeopath etc...)
2. Diet changes / supplementation pre – operative (i.e. referral to homeopath etc...)
3. Detoxification after the removal of my fillings. (i.e. referral to homeopath etc...), has been discussed with me.

Please tick one:

I accept not to follow this suggested protocol, but still want to remove my mercury, metal, precious, non-precious fillings or crowns. I accept to follow the suggested protocol

My questions concerning the treatment plan recommended by DR REYNHARD P VAN EEDEN have been fully answered and I have read the statement and agree to the treatment plan and I am satisfied that I have been fully informed.

I do hereby request the removal of all my dental mercury amalgam (“silver fillings”) fillings, and other metal fillings (precious, non-precious fillings and/or crowns), from my mouth.

Signature: _____

Date: _____

Time: _____

Printed Name: _____