



San Gabriel Valley
Foundation for
Dental Health

14101 E. Nelson Ave.
La Puente, CA 91746
(626)688-6407

Patient Acknowledgement Form Receipt of Dental Materials Fact Sheet

1. My dentist has given me a copy of The Dental Board of California's Dental Materials Fact Sheet, which was published in May 2004.
2. My dentist has explained the reasons for recommending a specific type of dental restoration material.
3. If I am pregnant, a diabetic, or a child (or guardian of a child patient), I have discussed the pros and cons of amalgam restoration with my dentist.
4. If I have had unusually sensitive reactions to other materials in the past, I have discussed this sensitivity with my dentist prior to restoration work.
5. I have had a chance to ask any questions I may have, and have received satisfactory answers to those questions.
6. Additional comments: _____

Name of Patient: _____

Patient signature/Guardian signature: _____

Date: _____

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