

**Kinesiology (Muscle Response Testing)
Informed Consent**

I seek the dental services of Ray G Behm Jr DDS, his employees and staff. I understand that this dental practice uses some diagnostic and treatment methods that are known as alternative or holistic. Many of these methods have not been accepted by consensus mainstream dentistry.

I hereby authorize the use of the "Autonomic Response Test," which uses kinesiology upon myself (or my ward _____) by Ray G Behm Jr DDS, for the purpose of determining the best dental materials to be used for my dental work. I understand that this test is considered experimental.

I understand that the procedure consists of testing muscle response of a strong and testable muscle either in my body or that of an indirect tester. Research has shown a small branch of a sympathetic nerve enervates the muscle. The test is carried out by noting changes in muscle strength while an organ, gland, tooth, area of the body, substance or function is being tested.

Although I understand that this test is not widely known by the dental community in this country, the method and procedure has been explained, literature has been given to me, and all my questions on this method and alternative methods have been answered.

I therefore authorize Ray G Behm Jr DDS to make recommendations as to dental materials based on this test.

Since this procedure was authorized by my free will, I am free to withdraw at any time from future test and treatment. I will not blame or sue the dentist where such a procedure was performed concerning any consequence of the test results or treatment.

Please print name

Signed

Date

OM/Div 1/IC

**Ray G Behm, Jr DDS
127 N Garden Ave - Clearwater, FL 33755
tel 727 446.6747 fax 446.5910**