



Consent for Silver Diamine Fluoride

Facts for consideration:

- Silver diamine fluoride (SDF) is an antibacterial liquid used to treat tooth sensitivity and to help stop tooth decay. SDF may require repeated application.
- The procedure: 1. Dry the affected area. 2. Place a small amount of SDF on the affected area. 3. Allow the SDF to dry. 4. Rinse.
- I should not be treated with SDF if: 1. I am allergic to silver. 2. There are painful sores or raw areas on my gums (i.e., ulcerative gingivitis) or anywhere in my mouth (i.e., stomatitis).
- **Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures will incur a separate fee. It is most effective when applied twice yearly.**

Benefits of receiving SDF:

- SDF can help stop tooth decay.
- SDF can help relieve sensitivity.
- SDF can help buy time for those patients who are very young, fearful, or have special needs that may otherwise require sedation for traditional dental treatment.



Risks related to SDF include, but are not limited to:

- **The affected area will stain black permanently.** Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or crown in the future.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm and will disappear in one to three weeks.
- You may notice a metallic taste that will go away rapidly.
- There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, a filling or crown, root canal/pulp treatment or extraction.

Alternatives to SDF, not limited to the following:

- No treatment, which may lead to continued deterioration of tooth structures and cosmetic appearance. Symptoms may increase in severity.
- Depending on the location and extent of the tooth decay as well as the level of behavior and cooperation, other treatment may include placement of fluoride varnish, a filling or crown, extraction, with or without sedation.

I hereby acknowledge that I have read and understand this consent and the meaning of its contents. All questions have been answered in a satisfactory manner. I hereby give consent to Silver Diamine Fluoride (SDF) treatment for the following patient:

Patient: _____ Allergy to silver? Yes No

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____