



CONSENT FOR SILVER DIAMINE FLUORIDE



Facts for consideration:

- Silver diamine fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay. We also use it to treat tooth sensitivity. SDF application every 6-12 months is necessary.
- The procedure 1. Dry the affected area 2. Place a small amount of SDF on the affected area 3. Allow SDF to dry for one minute 4. Rinse
- **Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics**

Benefits of receiving SDF (Silver Diamine Fluoride):

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

My child should NOT be treated with SDF if:

- He/she is allergic to silver
- There are painful sores or raw areas on his/her gums (i.e. ulcerative gingivitis) or anywhere in his/her mouth (i.e. stomatitis)

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 a crown.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surface can normally be polished off. The edge between a tooth and filling may keep the color.
- If accidentally applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off and will disappear in one to three weeks.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as a repeat SDF, a filling or crown, root canal treatment or extraction.
- These side effects may not include all the possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.
- Every reasonable effort will be made to ensure the success of SDF treatment. There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied.

I have read and understand the above information and consent to the application of Silver diamine fluoride on my child.

Patient Name

Tooth #(s)

Responsible Party's Signature

Date

Attending Dentist's Signature

OFFICE USE:

STAFF _____