



**INFORMED 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/ arrest the tooth decay process; SDF may require repeated application.
- Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or aesthetics. 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.

**Contraindications:**

- Allergy to silver.
- There are painful sores or raw areas or gums (i.e., ulcerative gingivitis) or anywhere in the mouth (i.e., stomatitis).

**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 or general anesthesia. Please note that additional treatments are limited during Super Smile Savers event.

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.

\_\_\_\_\_ (patient name, if minor) \_\_\_\_\_ (signature of patient/guardian) \_\_\_\_\_ (date)

\_\_\_\_\_ (signature of witness) \_\_\_\_\_ (date)