



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 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.



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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.

_____ (patient name, if minor)

_____ (signature of patient/guardian) _____ (date)

_____ (signature of witness) _____ (date)