

Patient Name:
Date of Birth:
Medical Record Number:

INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

Facts for consideration:

- Silver diamine fluoride (SDF) is a liquid that helps stop tooth decay. SDF is applied every 3, 6 or 12 months.
- A small amount of SDF is applied to the decayed tooth area.
- After SDF application no eating or drinking for 60 minutes and no tooth brushing until the following morning.
- **The decayed area will stain black permanently.** Healthy tooth structure will not stain.
- 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 or anywhere in my mouth.



Benefits of receiving SDF:

- Helps stop tooth decay.
- Fast.
- Do not need to numb teeth.
- Does not hurt.

Risks of receiving SDF:

- **The affected area will stain black permanently.** This means SDF is working.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them.
- After SDF treatment, a filling or crown might still be needed.
- 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.
- Permanent dark spots if spilled on clothing.
- Allergic reaction.
- Risk that the procedure will not stop the decay.
- Not every cavity can be treated with SDF

Alternatives to SDF, not limited to the following:

- No treatment, which may lead to continued break down of the tooth. Symptoms may get worse.
- Placement of fillings or crowns, extractions or referral to a specialist.

I have read this form. I understand the treatment and have had the chance to ask questions. I have seen the photo of how teeth may look after SDF discolors the cavities. I understand that I may refuse treatment with SDF. I understand that I can decide to have no treatment or I can have fillings, crowns, or extractions done at this or another dental office.

I consent and authorize the use of Silver Diamine Fluoride to help stop tooth decay.

Signature of patient/parent/guardian _____ Date _____

Signature of witness _____ Date _____