

SILVER DIAMINE FLUORIDE

Consent form

Facts for consideration

Silver Diamine Fluoride (SDF) is a liquid used on cavities to help stop tooth decay. In some cases where dentists used to do regular dental fillings, it is now possible to use a non-traumatic, less invasive treatment to stop the caries process. It can also help relieve sensitivity.

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.



TIME: 0

1 DAY

1 WEEK

The procedure

1. Dry the affected area
2. Place a small amount of SDF on the affected area
3. Allow SDF to dry to for one minute
4. Air-dry (blot dry with a cotton roll)

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 also discolor if SDF is applied to them. Normally this color change is temporary and can be polished off.
- If accidentally applied to the skin or gums, a brown stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 days.
- You may notice a metallic taste. This will go away rapidly.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such repeat SDF, a filling or crown, root canal treatment, or extraction.
- These side effects may not include all of the possible situations. 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.

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, other treatment may include placement of fluoride varnish, a filling or crown, extraction, or referral for advanced treatment modalities.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, AND ALL MY QUESTIONS WERE ANSWERED:

Signature of patient

Date

Signature of witness

Date