



SAMPLE INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

Silver Diamine Fluoride (SDF) is an antibiotic liquid. We use SDF on cavities to help stop tooth decay from growing. We also use it to treat tooth sensitivity. Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. While SDF can treat the bacteria that causes tooth decay, it will not restore the tooth structure that has been affected by the disease process. You may still require restoration of the teeth such as fillings, crowns or possible nerve treatment. Repeat applications of SDF have been shown to provide the best results.

<p>Benefits of receiving SDF:</p> <ul style="list-style-type: none"> ✓ SDF can help stop tooth decay ✓ SDF can postpone the need for traditional dental treatment ✓ SDF can delay or eliminate the need for sedation/general anesthesia to complete dental treatment in young children and adults 	<p>Alternatives to SDF Include, but are not limited to:</p> <ul style="list-style-type: none"> • No treatment • Placement of fluoride varnish • Restorative dental treatment such as fillings, crowns, nerve therapy
<p>Most Common Risks related to SDF Treatment:</p> <ul style="list-style-type: none"> • The affected area will stain black permanently. Healthy tooth structure will not stain <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ 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 <ul style="list-style-type: none"> ○ The brown stain will disappear in 1-3 weeks • You may notice a metallic taste <ul style="list-style-type: none"> ○ 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 application, a filling or crown, root canal treatment, or extraction • These side effects may not include all of the possible situations reported by the manufacturer <ul style="list-style-type: none"> ○ If you notice other effects, please contact your dental provider 	

Authorization for Dental Treatment

I authorize Dr. _____ and his/her associates to provide and/or administer the dental service Silver Diamine Fluoride that he/she or his/her associates determine in their professional judgement, necessary or appropriate in my care. I understand that repeat applications of SDF have been shown to provide the best results. I am informed and fully understand that there are inherent risks involved in the administration of any drug, medication, antibiotic, or local anesthetic. I am informed and fully understand that there are inherent risks involved in any dental treatment.

I understand that I should not be treated with SDF if I am allergic to silver, or if there are painful sores or raw areas on my gums (i.e., ulcerative gingivitis) or anywhere in my mouth (i.e., stomatitis).

I realize that it is mandatory that I follow any instructions given by the dentist and dental office staff. Alternative treatment options, including no treatment, have been discussed and understood. No guarantees have been made as to the results of treatment. A full explanation of all complications is available to me upon request from the dentist.

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

_____ Patient name (please print)

_____ Signature of patient, age 18 or older _____ Date

_____ Signature of parent/guardian _____ Date