



## Consent for Silver Diamine Fluoride

**Silver diamine fluoride (SDF)** is an antibiotic liquid used to stop or slow down tooth decay. The FDA approved SDF for use in the USA in August, 2014. Studies show SDF is most effective when applied two times per year. SDF does not restore the teeth to normal function and esthetics. **Future fillings and/or crowns will be needed to repair the teeth and will incur a separate fee.**

The Procedure: The teeth are dried. SDF is applied to teeth with visible cavities and allowed to dry. The teeth and mouth are rinsed.

Benefits: SDF helps stop tooth decay. Application is fast and simple, with no numbing.

Risks related to SDF:

1. **SDF will stain active decay black permanently.** This is an indication that the decay in the tooth is arresting. Stained tooth structure can be replaced with a filling or a crown.
2. When SDF comes in contact with skin and/or gums, temporary, harmless, discoloration (white or brown) will occur (lasts up to 3 weeks).
3. SDF can cause staining of tooth colored restorations.
4. SDF can cause permanent staining on demineralized areas of the teeth (white spot lesions).

These side effects may not include all of the side effects reported by the drug's manufacturer. If you notice other effects not listed above, please contact us.

Contraindications: Silver allergy, sores in mouth (stomatitis).

Alternatives: No treatment (Risks include progression of decay with resultant possible pain, infection, early loss of teeth). Oral rehabilitation with other behavior management techniques such as general anesthesia, treatment with nitrous oxide, etc.

The above treatment technique has been explained to me to my satisfaction and I understand it fully. I have read this form, understand the treatment, have had the risks, benefits, and alternative treatments explained, and have had the chance to ask questions. No warranty or guarantee has been made as to the result or cure. I give my consent to have Dr. Dosanjh, Dr. Kim, or their staff, administer silver diamine fluoride on: Patient name: \_\_\_\_\_ .

Parent/guardian name: \_\_\_\_\_

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_