CONSENT FOR TREATMENT OF TOOTH DECAY (CAVITIES) WITH SILVER DIAMINE FLUORIDE (SDF)



Patient's Name:	Date:
Silver Diamine Fluoride (SDF) is a liquid medication for tooth decay. Pleatits benefits, risks and limitations. If you have questions, ask your dental	
Silver Diamine Fluoride (SDF) and How it Works	
SDF, a liquid medication, is applied to active tooth decay to kill bacteria and sensitivity, or as a fluoride treatment to prevent decay. SDF may be applied	
Limitations and Side-Effects of SDF Treatments	
SDF will stain active tooth decay a dark brown or black color indicating that the SDF treatment is working. (See photos below)	
Healthy, non-decayed areas of teeth will not be stained by SDF.	
SDF does not "fill" a cavity. Fillings or crowns may also be needed to repair damage already caused by decay or hide the stain. These options will be discussed and approved before treatment.	
If tooth decay is not arrested by SDF, additional treatment may include repeated SDF applications, filling or crown, root canal treatment, or extraction.	
Accidental SDF stain on skin or gums cannot be washed off, but will disappear in 1-3 weeks. SDF stain on clothing or surfaces may be permanent. Care will be taken to avoid accidental staining.	
Other side effects of SDF are possible per the Manufacturer, however these are very rare. If you notice other side effects, please contact your dental care provider.	
before and after SDF Application on front teeth	before, after 24 hours, and after 7 days of SDF treatment
(Rosenblatt et al J Dent Res 88(2): 116-125, 2009)	(UCSF Dental Center)
Reasons To Avoid SDF Treatments	
1) Having an allergy to silver. 2) Currently experiencing painful sores or raw mouth. Silver allergy or history of mouth sores should be reported to your	areas on the gums or elsewhere on the soft tissues of the dental care provider.
Other Options To Treat Tooth Decay	
1) No treatment. No treatment will allow untreated decay to continue further treatment options include filling or crown, extraction	
Consent for SDF Treatment:	
I certify that I have read and fully understand the information for the read and interpret the information for me, which I fully understand. I had my questions answered. I understand the possible risks associate patient I am representing has no) contraindications for its use. I constitute the numbers to be listed by the dental care provider):	have discussed this with my dental care provider and have d with SDF treatment and verify that I have no (or the ent to SDF application on the following teeth:
Patient (or Representative/Guardian) Signature:	Date:
(Print Representative/Guardian Name):	
(Fillit Representative) Guaranan Name).	[January 2017 version]