



Cosent for Silver Diamine Fluoride (SDF)

Patient First Name: _____ Patient Last Name: _____ DOB: _____

The purpose of this document is to provide written information regarding the risks, benefits and alternatives of the procedures named above. This material serves as a supplement to the discussion you have with your dentist. It is important that you fully understand this information, so please read this document thoroughly. If you have any questions regarding the procedure, ask your dentist prior to signing the consent form.

Tooth #(s): _____

Procedure

Silver Diamine Fluoride (SDF) is an antibiotic liquid medication. It is used to slow or stop decay AND treat tooth sensitivity. Sound Dental Care would like your consent to perform the following procedure: 1) Dry the teeth 2) Place a small amount of SDF on visible cavities 3) Allow to dry (optimally one minute) 4) Apply fluoride varnish to cover

Benefits:

- SDF may slow or stop tooth decay • SDF may help relieve sensitivity

Possible Side Effects:

- The cavity and white pre-cavities will darken permanently as the decay process stops. • Healthy tooth structure will not discolor. • Discolored tooth structure can be covered or replaced with a filling at a later date. • Tooth colored fillings and crowns may also discolor if SDF is applied to them. Normally this is temporary and can be polished off. • If SDF comes in contact with skin and/or gums, temporary discoloration may occur. It will disappear in 1-3 weeks. • 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. • This treatment to stop or slow decay may not prevent the cavity from growing. In that case the tooth will require further treatment, such as repeat SDF, filling or crown, root canal or extraction.

Alternatives to SDF

- No treatment, which may lead to continued deterioration of the tooth structure and cosmetic appearance. Symptoms may increase in severity. • Other treatment may include placement of fillings, other restorations, or extraction.

CONSENT

I understand every reasonable effort will be made to ensure the success of my treatment. There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied. If tooth decay is not arrested, the decay will progress. In that case, the tooth will require further treatment, such as repeat SDF treatment, fillings, other restorations, or extraction.

By signing this document in the space provided I indicate that I have read and understand the entire document and that I give my consent to proceed with the Silver Diamine Fluoride treatment. The SDF treatment, advantages, risks and alternative treatments have been explained to me by the doctor and the doctor has answered all my questions to my satisfaction. I understand that it is impossible to state every complication that may occur as a result of this procedure, and the above list of risks/complications in this form is incomplete. I fully understand this procedure and the possible risks, complications and benefits that can result from the SDF treatment and that I agree to undergo the treatment as described by the doctor.

Signature of Patient, Parent, Guardian or Personal Representative:

Name of Patient, Parent, Guardian or Personal Representative Relationship to Patient:

Sign _____