

Informed Consent for Silver Diamine Fluoride

Silver Diamine Fluoride (SDF) is an antimicrobial liquid medication approved by the FDA for the treatment of tooth decay.

SDF is applied to active tooth decay to kill bacteria and stop the cavity from growing. It is also used to treat tooth sensitivity, or as a treatment to prevent decay. SDF may require repeated application.

Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or aesthetics. You should not be treated with SDF if: 1) you are allergic to silver; or 2) there are painful sores or raw areas on your gums or anywhere in your mouth.

SDF does not “fill” a cavity. Fillings or crowns may also be needed to repair damage already caused by decay.

Risks

- The affected area of decay will stain brown or black permanently. Healthy tooth structure will not stain. Stained tooth structure can be replaced later 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. The edge between a tooth and a filling may remain stained.
- If SDF is concurrently applied to the skin or gums, a brown or white stain may appear that causes no harm, cannot be washed off, and will disappear in 1-3 weeks.
- SDF stains on clothing or surfaces may be permanent.
- You may notice a metallic taste. This will go away rapidly.
- There is a risk that the procedure will not stop the decay and it will progress. There is no guarantee of success. In that case, the tooth will require further treatment, such as repeat application of SDF, a filling or crown, root canal treatment, or extraction.

These risks may not include all the possible risks. If you notice other effects, please contact our office.

Alternatives

- No treatment, which may lead to continued deterioration of tooth structures and cosmetic appearance. Symptoms may increase in severity.
- Use of repeated applications of fluoride or other antimicrobials to limit the progression of tooth decay.

- Depending on the location and extent of the tooth decay, other treatment may include a filling or crown, extraction, or referral for advanced treatment modalities.

Consent

I certify that I have read and fully understand the information in the proposed SDF treatment plan, or I had a qualified interpreter read and interpret the information for me, which I fully understand. I have discussed the risks, benefits, and alternatives with my provider and have had my questions answered. I consent to SDF application on the following teeth:

(Teeth numbers to be listed by dental provider): _____

Patient (or Representative/Guardian) Signature: _____

Printed Name: _____

Relationship to Patient: _____

Date: _____