

# Sample Consent Form

Patient Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

## Informed Consent for Silver Diamine Fluoride (SDF)

### THE BENEFITS OF SDF

- SDF is a liquid antibiotic that can help stop tooth decay and relieve tooth sensitivity.
- SDF can help prevent the need for fillings or other more invasive treatment on a tooth
- SDF is easy to use and does not hurt. There is no need to numb or drill teeth.

### THE PROCEDURE

- The affected area of the tooth is dried.
- A small amount of SDF is placed on the affected area and allowed to dry for 1 minute.
- There may be a metallic taste that will go away quickly.
- After application of SDF, no eating or drinking for one hour.



### DO NOT USE SDF IF

- THERE IS AN ALLERGY TO SILVER
- There are painful sores or raw areas on the gums or in the mouth.

### RISKS RELATED TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- The affected area will stain gray to black permanently as shown in the photo. Healthy tooth structure will not stain, only the unhealthy area. This means the SDF is working.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them. Normally this color change is temporary and can be polished off.
- If applied to the skin or gums, a brown stain may appear that causes no harm but will not immediately wash off. The stain will gradually disappear (within 1-3 weeks).
- SDF might not stop tooth decay and the decay process may progress. In that case the tooth will require further treatment such as repeat SDF, a filling, crown, root canal treatment, or extraction.

### ALTERNATIVES TO SDF INCLUDE, BUT ARE NOT LIMITED TO:

- No treatment. May lead to worsening decay with continued deterioration of tooth structure, cosmetic appearance, and/or worsening symptoms.
- Depending on the location and extent of decay, other treatment may include placement of fluoride varnish, a filling, crown, extraction, or referral for advanced treatment.

**I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND I HAVE HAD THE CHANCE TO HAVE ANY QUESTIONS ANSWERED.**

I consent and authorize **XXX** to use Silver Diamine Fluoride to help stop tooth decay.

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Patient/parent/legal guardian

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Patient/parent/legal guardian's Signature

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Date

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Witness

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Witness signature

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Date