

Informed Consent & Post-Op Instructions for Silver Diamine Fluoride

Facts for consideration:

- Silver diamine fluoride (SDF) is an antibacterial liquid used to treat tooth sensitivity and to help stop tooth decay. SDF may require repeated application. $\text{Ag}(\text{NH}_3)_2\text{F}$ (25% Silver, 8% Ammonia, 5% Fluoride)
- We use Advantage Arrest 38% SDF Aqueous SDF 38.3% to 43.2% with inactive ingredients purified water and FD&C Blue 1 (a tint to increase visibility during application).
- The procedure: 1. Dry the affected area. 2. Place a small amount of SDF on the affected area. 3. Allow the SDF to dry. 4. Apply topical fluoride varnish on top.
- I should not be treated with SDF if: 1. I am allergic to silver. 2. There are painful sores or raw areas on my gums or anywhere in my mouth.
- **Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics. It is most effective when applied twice yearly.**

Benefits of receiving SDF:

- SDF can help stop tooth decay and help relieve sensitivity.
- SDF can help buy time for those patients who are very young, fearful, or have special needs that may otherwise require sedation for traditional dental treatment.

Risks related to SDF include, but are not limited to:

- **The affected area will stain black permanently.** Stained tooth structure can be replaced with a filling or crown in the future. Some stain may occur around margins of fillings.
- If accidentally applied to the skin or gums, a black or white stain may appear within 6 hours that causes no harm and will disappear in one to three weeks. It may look like splatter.
- You may notice a metallic taste that will go away rapidly.
- There is a risk that the procedure will not stop the decay.
- If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, a filling or crown, root canal/pulp treatment or extraction.



Rejecting SDF treatment today may lead to continued deterioration of tooth structures and symptoms may increase in severity.

I hereby acknowledge that I have read this consent agreement. I understand this consent and the meaning of its contents, including the benefits and risks of the treatment. All questions have been answered in a satisfactory manner. I hereby give consent to Silver Diamine Fluoride (SDF) treatment.

Patient name _____ Date ____ / ____ / ____

Name if different & Signature of patient/guardian _____

Name & Signature of witness _____

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