



# INFORMED CONSENT FOR SILVER DIAMINE FLUORIDE

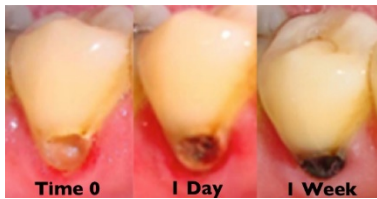
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U.P. Superior Dental Hygiene Services Dental Services  
**Urgent Care Line (231) 437-4751**

|              |                    |
|--------------|--------------------|
| Patient Name | Medical Record No. |
| Phone No.    | Date of Birth      |

| Facts for consideration | Risks of receiving SDF |
|-------------------------|------------------------|
|-------------------------|------------------------|

- Silver diamine fluoride (SDF) is a liquid that helps stop tooth decay. SDF is applied every 3, 6 or 12 months.
- A small amount of SDF is applied to the decayed tooth area.
- After SDF application no eating or drinking for 60 minutes and no tooth brushing until the following morning.



- **The decayed area will stain black permanently.** Healthy tooth structure will not stain.
- I should not be treated with SDF if:
  - I am allergic to silver.
  - There are painful sores or raw areas on my gums or anywhere in my mouth.

- **The affected area will stain black permanently.** This means SDF is working.
- Tooth-colored fillings and crowns may discolor if SDF is applied to them.
- After SDF treatment, a filling or crown might still be needed.
- If accidentally 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 one to three weeks.
- Permanent dark spots if spilled on clothing.
- Allergic reaction.
- Risk that the procedure will not stop the decay.
- Not every cavity can be treated with SDF

| Benefits of receiving SDF | Alternatives to SDF, not limited to the following |
|---------------------------|---|
|---------------------------|---|

- Benefits of receiving SDF
- Helps stop tooth decay.
- Fast. Do not need to numb teeth.
- Does not hurt.

- No treatment, which may lead to continued break down of the tooth. Symptoms may get worse.
- Placement of fillings or crowns, extractions or referral to a specialist.

## Consent

- I have read this form. I understand the treatment and have had the chance to ask questions. I have seen the photo of how teeth may look after SDF discolors the cavities. I understand that I may refuse treatment with SDF. I understand that I can decide to have no treatment, or I can have fillings, crowns, or extractions done at this or another dental office.*
- I consent and authorize U.P. Superior DH Services to use Silver Diamine Fluoride to help stop tooth decay.*

|                                      |      |
|--------------------------------------|------|
| Signature of patient/parent/guardian | Date |
| Signature of witness                 | Date |