

# 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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