**Informed Consent for Silver Diamine Fluoride**

***Facts for Consideration:***

* Silver diamine fluoride (SDF) is liquid applied to teeth to stop tooth decay. The application of SDF is a conservative approach for the treatment of active tooth decay.
* **Benefits of receiving SDF:**

1. SDF can help stop tooth decay.
2. SDF can help relieve tooth sensitivity.

* For best results, SDF reapplication is generally needed within the first month of initial application and then every six to 12 months. Additional applications will incur a separate fee.
* **Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function or esthetics.**
* Patients should not be treated with SDF if:

1. Patient is allergic to silver.
2. There are painful sores or raw areas on patient gums (i.e., ulcerative gingivitis) or anywhere in my mouth (i.e., stomatitis).

***Possible risks and side effects related to SDF include, but are not limited to:***

* **The affected area, i.e., cavity, will stain black permanently**. Healthy tooth structure will not stain. Stained tooth structure can eventually be replaced with a filling or a crown.
* Tooth-colored fillings and crowns may discolor if SDF is applied to them. Color changes on the surface can normally be polished off. The edge between a tooth and filing may keep the color.
* Demineralized enamel (white lesions) may discolor if SDF is applied to them.
* 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.
* You may notice a metallic taste. This will go away rapidly.
* If tooth decay is not arrested, the decay will progress. In that case the tooth will require further treatment, such as repeat SDF, filling, crown, or extraction.
* The side effects listed above may not include all of the side effects reported by the drug's manufacturer. If you notice other effects not listed above, please contact us.
* Every reasonable effort will be made to ensure the success of SDF treatment. There is a risk that the procedure will not stop the decay and no guarantee of success is granted or implied.

***The above treatment has been explained to me to my satisfaction and I understand it fully. No warranty or guarantee has been made as to the result or cure. I have read this form, understand the treatment, have had the risks, benefits, and alternative treatments explained, and have had the chance to ask questions. I understand that I may refuse treatment. I also understand that this treatment may not be covered by my insurance (if applicable) and any estimates of insurance coverage discussed by any staff member was provided to me as a courtesy. It is my responsibility to contact my child’s dental insurance company to discuss and understand my child’s policy.***

***I give my consent to have Dr. Emilie McClellan or staff administer Silver Diamine Fluoride (SDF) on:***

**Patient Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Date of Birth**:\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby certify that I understand this authorization and the reasons for the above treatment and associated risks.

**Signature of Parent or Legal Guardian**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_