



Link the Valley

Silver Diamine Fluoride (SDF) Consent Form Tooth#/Surface _____

Patient's Name _____ DOB _____

The use of SDF in dentistry has been well documented for its safe and successful ability to control tooth decay. Its application is a conservative approach for the treatment of active decay. **Treatment with SDF does not eliminate the need for dental fillings or crowns to repair function of aesthetics.**

Benefits of receiving SDF:

- *SDF can help stop tooth decay
- *SDF can help relieve sensitivity



Risks related to SDF include but are not limited to:

- ***The affected area will stain black permanently.** It will continue to get darker over time. Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or 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 the tooth and the filling may keep the color.
- *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 1-3 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, a filling or crown, root canal treatment, or extraction.
- *These side effects may not include all possible situations reported by the manufacturer. If you notice other effects, please contact your dental provider.
- *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.

Alternatives to SDF not limited to the following:

- *No treatment, which may lead to continued deterioration of tooth structures and cosmetic appearance. Symptoms may increase in severity.
- *Depending of the location and extent of the tooth decay, other treatment may include placement for fluoride varnish, of filling or crown, extraction, or referral for advanced treatment modalities.

I give my consent to have the dentists or dental hygienists of Link the Valley administer SDF.

Parent/Guardian Name (Printed)

Parent/ Guardian Signature Date

Witness Date

Doctors'/Hygienist's Signature Date