

• F. 781-934-7125



Consent for Silver Diamine Fluoride (SDF) Therapy

Patient Name:	DOB:
stop the progression of tooth decay and/or sensitivity. A blackness will be limited to areas of decay only. It does with Silver Diamine Fluoride does not always prevent the	ocumented for its safe and successful ability to help slow or although it does turn cavities black in color, the amount of a not stain healthy tooth structure. Treatment of tooth decay ne need to place a regular filling in the affected tooth in order Additional applications may be needed. Photos are available
SDF is a liquid containing silver particles and 38% fluor	effectively stopped the growth of 65-70% of active cavities. ride ion and is made up of 25% silver, 8% ammonia, 5% eakthrough therapy status." It is ideal for cavities on highly ties that may continue to grow and cause complications.
It is not a guaranteed treatment. Fillings and/or addition	nal applications may have to be done in the future.
FEE: \$30.00 per tooth, per application . You may calcode to reference is D1354. Most insurances do not cov	If the insurance to see if they cover the procedure: the dental ver this procedure.
Contraindications: Allergy to silver or Silver Diamine	e (very rare); very large decay approaching the nerve.
Young children may resist treatment and	parents may need to hold them. The parent is
free to stop the application of SD	F at any point during the procedure.
Possible Side Effects:	
3) Discoloration of an existing filling of	m discoloration (21 days) if SDF contacts it. n the tooth. y. If done on front teeth, this will cause the teeth to look
progression of decay. Untreated decay can lead to paware of the expected permanent black stain in to compromised. I understand there is a potential for terms.	d there is no guarantee this treatment option will stop the pain, infection/abscess or result in tooth extraction. I am the area of the decay and realize that esthetics may be imporary (2 week) brown staining of skin and gum tissues. The read, understand and agree to the above.
Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian Signature:	Date:
Parent/Legal Guardian Signature:	
Parent/Legal Guardian Signature:	Date:

95 Tremont Street- Ste 18, Duxbury, MA 02332 • T. 781-934-7111