

## Consent for Silver Diamine Fluoride (SDF) Therapy

Patient Name:		DOB:
stop the progression blackness will be like with Silver Diamin to restore function, upon request to should be a shown to the stop of the s	n of tooth decay and/or sensitivity. Alt mited to areas of decay only. It does n e Fluoride does not always prevent the esthetics, or help prevent infection. Ac ow examples of potential stain. that SDF applied at least once a year ef training silver particles and 38% fluoric water. The FDA has granted SDF "brea	amented for its safe and successful ability to help slow or hough it does turn cavities black in color, the amount of ot stain healthy tooth structure. Treatment of tooth decay need to place a regular filling in the affected tooth in order ditional applications may be needed. Photos are available fectively stopped the growth of 65-70% of active cavities. It is ideal for cavities on highly es that may continue to grow and cause complications.
	1	applications may have to be done in the future.
	this service. You may call the insurance. Most insurances do not cover this pro	the to see if they cover the procedure: the dental code to occdure.
Contraindications	: Allergy to silver or Silver Diamine (	very rare); very large decay approaching the nerve.
Young	children may resist treatment and p	arents may need to hold them. The parent is
	free to stop the application of SDF	at any point during the procedure.
<b>Possible Side Effe</b>	cts:	
2) 3) 4)	Discoloration of an existing filling on	discoloration (21 days) if SDF contacts it. the tooth.  If done on front teeth, this will cause the teeth to look
progression of d aware of the compromised. I u	ecay. Untreated decay can lead to pa expected permanent black stain in the inderstand there is a potential for tem	there is no guarantee this treatment option will stop the in, infection/abscess or result in tooth extraction. I am e area of the decay and realize that esthetics may be porary (2 week) brown staining of skin and gum tissues. read, understand and agree to the above.
Parent/Legal (	Guardian Signature:	Date:
Parent/Legal Guardian Signature:		Date:
Parent/Legal (	Guardian Signature:	
	Guardian Sionature:	Date:

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