

SILVER DIAMMINE FLUORIDE INFORMED CONSENT FORM

Silver diammine fluoride (SDF) is an antimicrobial liquid that is used to treat cavities to help stop tooth decay. SDF is also used to treat tooth sensitivity. Reapplication of SDF controls caries and treat dentinal hyersensitivity and is recommended every six (6) to twelve (12) months, but may be applied as necessary at a frequency determined by your dentist (minimum of one (1) week between applications). Treatment with SDF may not eliminate the need for dental fillings or crowns to repair function or esthetics. Additional procedures might incur a separate fee as determined by your dentist.

The Benefits of SDF:

- SDF can help stop tooth decay;
- SDF can help relieve tooth sensitivity.

Risks related to SDF include, but are not limited to:

- The affected area will discolour black/brow permanently. Healthy tooth structure will not discolour. Discoloured tooth structure can be covered with a filling or a crown;
- Tooth-colored fillings and crowns may also discolor if SDF is applied to them. Normally this color change is temporary and can be polished off;
- If accidentally applied to the skin or gums, a brown stain may appear that causes no harm. The stain cannot be
 washed off, it will disappear in a couple of days;
- You may notice a metallic taste. This will go away rapidly;
- If you notice other effects, please contact your dental provider.
- Advise your dentist if you are pregnant or breastfeeding.
- Advise our dentist if you have a history of chemical allergies such as potassium, iodine, silver, fluoride and ammonia.

 Note: If in doubt, consult a doctor or an allergy specialist before use it. It is contraindicated for use in these conditions.
- Advise your dentist if you are undergoing thyroid gland therapy. Treatment with potassium iodide is contraindicated.

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 on the location and extent of the tooth decay, other treatment may include placement of fluoride varnish, a filling or crown, extraction, or referral for advanced treatment modalities.

I realize that it is mandatory that I follow any instructions given by the dentist and/or his/her associates. Alternative treatment options, including no treatment, have been discussed and understood. No guarantees have been made as to the results of treatment. A full explanation of all complications is available to me upon request from the dentist.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT, AND ALL MY QUESTIONS WERE ANSWERED:

Signature of patient	Date	Signature of witness	Date