



**Secretary of State
Office of Professional Regulation**

**DENTAL EXAMINERS
SDF Informed Consent Form**

Medical Record Number: _____
Patient Name: _____
Date of Birth: _____

Silver Diamine Fluoride (SDF), a liquid approved by the FDA for treatment of sensitive teeth, provides an effective means to temporarily slow active decay until dental treatment can be obtained.

The Procedure:

- Dry teeth.
- Apply SDF to cavities in very small amounts and allow it to dry for 1 minute.
- Do not eat or drink for one hour. After treatment, do not brush your teeth today.

Please let us know if you have one of the following allergies or pre-existing conditions as it may be a reason not to use SDF:

- Allergies to silver or other metals
- Painful mouth sores
- Any abnormal skin sensitivities.

Possible Side Effects:

- SDF will turn a cavity black. See pictures below.
- A metallic taste in the mouth, which will go away quickly.
- If SDF comes in contact with skin and/or gums, temporary staining will occur.
- If SDF is placed on a tooth that has a tooth colored filling, staining may occur.

Please note:

- 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.
- Treatment of tooth decay with SDF may not prevent the need to place a regular filling in the affected tooth in the future to restore function and esthetics.
- SDF treatment should be repeated within the next six months if you have not yet received dental treatment.

I, _____, have read this form and understand the treatment. The treatment, including the risks and benefits, has been explained to me to my satisfaction and I have had the chance to ask questions. I understand that there is no promise that this treatment will be successful. I hereby give my consent to have a licensed dental hygienist perform this procedure.

Date: _____

Signature of Patient: _____

Signature of Patient's Parent, Guardian, or Legal Representative (if applicable): _____

Signature of witness: _____

These teeth have
been treated
with SDF.

