

Participa! Inc. Silver Diamine Fluoride (SDF) Fact Sheet and informed consent

What is it and benefits: An antibiotic liquid that can help stop cavities and treat tooth sensitivity. SDF is fast, simple, painless and re-application may be necessary.

I should not use SDF if:

1. I am allergic to Silver 2. There are painful sores or raw areas on my gums or anywhere in the mouth.

The procedure: Dry the affected area. Place a small amount of SDF on the affected area. Apply fluoride varnish.

Treatment of SDF does not eliminate the need for a dental filling or crowns to repair the function or esthetics of a tooth.



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

The cavity/decay will stain black permanently. When this occurs, SDF is working properly. Please note that even without SDF, cavities are dark and will get darker as they progress. Healthy tooth structure will not stain. Stained tooth structure can be replaced with a filling or a crown by your family's dentist. A referral can also be provided.

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 a tooth and filling may keep the color.

If accidentally applied to the skin or gums, a brown or white temporary stain may appear that causes no harm. This cannot be washed off, but will disappear in one to three weeks.

You may notice a metallic taste. This will go away rapidly.

If tooth decay is not stopped, the decay will progress. In that case the tooth will require further treatment, such as repeat application of SDF, filling or crown, root canal treatment or extraction.

These side effects may not include all of the possible situations reported by the manufacture. If you notice other effects, please contact your dental provider.

Not every cavity can be treated.

Alternatives to SDF, not limited to the following:

No treatment, which may lead to continued infection and break down of tooth structures and cosmetic appearances. Symptoms may get worse. In that case the tooth will require further treatment, such as a filling or crown, root canal treatment, or extraction by your family's dentist. A referral can be provided.

I CERTIFY THAT I HAVE READ AND FULLY UNDERSTAND THIS DOCUMENT AND AUTHORIZE THE USE OF SDF AS RECOMMENDED BY PARTICIPA! INC.:

Signature of Patient/Parent/Guardian _____ Date: _____

Child's name _____ Date of Birth: _____