



Metropolitan Pediatric Dentistry

Ricardo A. Perez, D.D.S

Silver Diamine Fluoride Treatment Consent

Patient Name: _____ DOB: _____

Parent/Legal Guardian: _____

The permission of a parent or legal guardian is necessary for dental treatment of a minor before any treatment can be started or completed by our office. While signing this form gives consent for us to treat your child, we encourage you to speak to any of our staff members, especially Dr. Perez, if you have any questions regarding your child's specific needs or treatment being provided.

Silver Diamine Fluoride is a medication that is applied to an active area of decay (cavity) to kill the bacteria causing the cavity, prevent the formation of a plaque layer on the treated surface, and strengthen the tooth.

It is very important that you are made aware that treating cavities with this medicine will cause color changes to the cavity. The areas of the tooth with active dental decay will turn dark black as the medicine is working. The healthy areas of the tooth will not be affected and will remain your child's natural tooth color. The black color indicates that the treatment is successful.

It is also important that you are aware that this medicine will treat the bacteria causing tooth destruction, but will not restore the tooth structure that has already been affected by the disease process. Your child will still require restoration of the teeth (fillings, crowns and possibly nerve treatment) if there is any loss of the tooth structure. Dr. Perez and our team will discuss the recommended timing of this treatment, and will discuss the best way to provide this treatment to ensure that your child receives treatment in the least invasive, most predictable and least traumatic way possible.

As a parent or legal guardian of the above patient, I grant Dr. Perez permission to provide my child's dental treatment as discussed. I also understand that this treatment is not covered by my insurance. I agree to inform Dr. Perez and the staff of MPD of any changes in the patient's medical history. This authorization is valid until revoked by me in writing.

Parent/Legal Guardian Signature

Relationship to child

Date

Sample pictures of teeth treated by Silver Diamine Fluoride

