



Christopher A. Swisher, DDS

Pediatric Dentistry

### SILVER DIAMINE FLUORIDE

Patient: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Date: \_\_\_\_\_

While the ideal way to treat teeth with decay (caries) is by removing the decay and placing a restoration (filling or crown), there is an alternative, non-invasive treatment that recently received FDA approval, Silver Diamine Fluoride (SDF).

Silver Diamine Fluoride (SDF) (<http://www.elevateoralcare.com/dentist/AdvantageArrest>) is a clinically applied treatment that controls active dental caries and aids in preventing further progression of the disease. SDF has a dual mechanism of action resulting from the combination of its ingredients. The silver component acts as an anti-microbial agent killing bacteria and preventing the formation of new biofilm, while the fluoride acts to prevent further demineralization of tooth structure. Application of SDF is simple and noninvasive. The carious teeth are isolated, kept dry, and all excess debris is removed. A small brush is dipped in a drop of SDF and placed on the lesion(s) for two minutes. Then, excess SDF is removed and patients are instructed to not eat or drink for one hour. The only reported side effect is black staining of the tooth at the site of SDF application which is a common occurrence.

This treatment will be applied to all of the affected teeth 1 to 5 times in separate visits at a cost of \$80.00 per visit. The number of visits needed will be decided by Dr. Swisher depending upon the treatment response. Once the decay is arrested (stopped), the tooth/teeth can be restored in the future if needed/desired.

The following are potential candidates for this treatment:

- Young children who have difficulty cooperating for treatment
- Children with excessive decay who are not candidates for oral or IV sedation
- Special needs patients
- For those patients who need a low cost alternative to traditional restorative procedures

If you have any questions or would like to schedule your child for this treatment, please call our office.

Parents/Legal Guardian Printed Name: \_\_\_\_\_

Patient/Guardian's signature \_\_\_\_\_

Date \_\_\_\_\_