



I am not, and have never taken BISPSPHONATE/ RANKL inhibitor/ antiangiogenic drugs

INCLUDING, BUT NOT EXCLUSIVE TO:

Actonel (Risedronate), **Aredia** (Pamidronate), **Bonefos** (Clodronate), **Boniva** (Ibandronate), **Didronel** (Etidronate), **Fosamax** (Alendronate), **Zometa** (Zoledronic Acid), **Reclast** (Zometa), **Prolia** (denosumab), **XGEVA** (denosumab), **Avastin** (bevacizumab), **Sutent** (sunitinib)

Patient's Name

Date



Stop here if you have NEVER taken Bisphosphonate/ RANKL inhibitor/ antiangiogenic drugs.

TO BE COMPLETED BY ANY PATIENT THAT HAS EVER OR IS PRESENTLY TAKING BISPSPHONATE/

RANKL inhibitor/ antiangiogenic drugs INCLUDING, BUT NOT EXCLUSIVE TO:

Actonel (Risedronate), **Aredia** (Pamidronate), **Bonefos** (Clodronate), **Boniva** (Ibandronate), **Didronel** (Etidronate), **Fosamax** (Alendronate), **Zometa** (Zoledronic Acid), **Reclast** (Zometa), **Prolia** (denosumab), **XGEVA** (denosumab), **Avastin** (bevacizumab), **Sutent** (sunitinib)

CONSENT FOR DENTAL TREATMENT IN PATIENTS WHO HAVE RECEIVED BISPSPHONATE DRUGS

Patient's Name

Date

Please initial each paragraph after reading. If you have any questions, please ask your doctor BEFORE initialing.

Having been treated previously with Bisphosphonate/ RANKL inhibitor/ angiogenic drugs you should know that there is a significant risk of future complications associated with dental treatment. Bisphosphonate/ RANKL inhibitor/ angiogenic drugs appear to adversely affect the blood supply to bone, thereby reducing or eliminating its ordinary excellent healing capacity. **This risk is increased after surgery, especially from extraction, implant placement or other “invasive” procedures that might cause even mild trauma to bone. Osteonecrosis may result. This is a smoldering long-term, destructive process in the jawbone that is often very difficult or impossible to eliminate.**

Your medical/dental history is very important. We must know the medications and drugs that you have received or taken or are currently receiving or taking. An accurate medical history, including names of physicians is important.

1. Antibiotic therapy may be used to help control post-operative infection. For some patients, such therapy may cause allergic responses or have undesirable side effects such as gastric discomfort, diarrhea, colitis, etc.

2. Despite all precautions, there may be delayed healing, osteonecrosis (dying bone), loss of bony and soft tissues, pathologic fracture of the jaw, oral-cutaneous fistula, or other significant complications.

3. If osteonecrosis should occur, treatment may be prolonged and difficult, involving ongoing intensive therapy including hospitalization, hyperbaric oxygen therapy, long-term antibiotics, and debridement to remove non-vital bone. Reconstructive surgery may be required, including bone grafting, metal plates and screws, and/or skin flaps and grafts. **This may result in referral to a specialist at additional cost.**

4. Even if there are no immediate complications from proposed dental treatment, the area is always subject to spontaneous breakdown and infection due to the precarious condition of the bony supply. Even minimal trauma from a toothbrush, chewing hard food, or denture sores may trigger a complication.

5. Long-term post-operative monitoring may be required and cooperation in keeping scheduled appointment is important. Regular and frequent dental check-ups with your dentist are important to monitor and attempt to prevent breakdown in your oral health.

6. I have read the above paragraphs and understand the possible risk of undergoing my planned treatment. I understand and agree to the following treatment:

7. I understand the importance of my health history and affirm that I have given all information that may impact my care. I understand that the failure to give true health information may adversely affect my care and lead to unwanted complications.

8. I realize that, despite all precautions that may be taken to avoid complications; there can be no guarantee as to the result of the proposed treatment.

CONSENT

I certify that I speak, read and write English and have read and fully understand this consent for dental treatment. I have had my questions answered and all blanks were filled in prior to my initials or signature.

Patient's (or Legal Guardian's) Signature

Date

Doctor's Signature

Date

Witness' Signature

Date