

**Please read consent form. Signatures will be required at the office the day of your procedure.**

**CONSENT FOR DENTAL/ ORAL SURGERY TREATMENT IN PATIENTS WHO HAVE RECEIVED  
BIOPHOSPHONATE DRUGS**

Having treated previously with bisphosphonate drugs you should know that there may be risk of future complications associated with dental/ oral surgery treatment. Such complications are relatively rare and occur more often with intravenous bisphosphonates than oral.

List of oral and IV bisphosphonates:

**Orally Administrated Bisphosphonates**

<u>Brand Name</u>	<u>Manufacturer</u>	<u>Generic Name</u>
Actonel	Procter and Gamble	Risedronate
Boniva	Genentech	Ibandronate
Fosamax	Merk and Co.	Alendronate
Fosamax Plus D	Merk and Co.	Alendronate
Skelid	Sanofil Pharmaceuticals	Tiludronate
Didronel	Procter and Gamble	Etidronate

Pharmaceuticals

**Intravenously Administered Bisphosphonates**

<u>Brand Name</u>	<u>Manufacturer</u>	<u>Generic Name</u>
Aredia	Novartis	Pamidronate
Zomata	Novartis	Zoledronic Acid
Bonefos	Schering AG	Clodronate

Bisphosphonate drugs appear to adversely affect the ability of bone to heal normally. This risk is increased after dental surgery where bone is affected, such as removal of teeth and dental implants. If healing does not occur, bone may remain exposed, pain may be present, and infection may develop. This may result in loss of bone or jaw fracture. This is a long-term destructive process in the jawbone (osteonecrosis) that is often very difficult to manage. If osteonecrosis should occur, treatment may be prolonged and complex and requires special experience in management.

Even if there are no immediate complications from the proposed dental treatment, the area may be subject to spontaneous breakdown and infection. Even minimal trauma from a toothbrush, chewing hard foods, or denture sores may trigger a complication. Regular and frequent dental checkups with your dentist are important to monitor and attempt to prevent breakdown in your oral health.

I have read the above paragraph and understand the possible risks of undergoing my plan treatment. I understand and agree to the following treatment plan:

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I understand the importance of my health history and affirm that I have given any and all information that may impact my care. I realize that despite all precautions that may be taken to avoid complications, the complication described above may still occur.

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